

SURAKSHA



Early Childhood Care and Education in India

ANOTHER KIND OF CHILD CARE



Alternatives for Rural Women

Rajalakshmi Sriram

Mahila Samakhya, Gujarat

320
117/06

The SURAKSHA Series

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Family Day Care in Bombay

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WORKING HAND IN HAND

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Volume 7

ANOTHER KIND OF CHILD CARE

Alternatives for Rural Women

by

Rajalakshmi Sriram



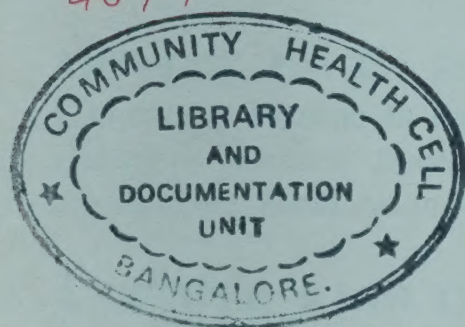
Monograph Series No. 7

M.S. Swaminathan Research Foundation
Madras

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FOREWORD

Every human being ultimately is the product of interaction between the genotype (inherent genetic make up) and the environment. While heredity determines potential, the home, health and educational environment determine whether young children bloom or remain "blossoms in the dust". There is a well-known saying - *as the twig is bent, so the branch will grow*. It is in this context that Early Childhood Care and Education assume critical significance with reference to giving the child an enabling environment for the full expression of his/her innate potential for physical and mental development.

I am happy that through the SURAKSHA series of publications, a careful chronicling of the many excellent examples of Early Childhood Care and Education in India is being undertaken. This series will enable scholars and researchers as well as policy makers and practitioners to learn from the rich diversity of experience available within our country in this field. Such an understanding is fundamental to learning from successes and thereby helping to replicate effective and economically viable models of day care.

This series has been lovingly put together and is the result of close cooperation among the many people who have worked hard on it. On behalf of the Foundation, I must particularly thank the members of the Advisory Committee, who have given unsparingly of their time and effort, the distinguished scholars who have written the case studies, the agencies whose work has been documented and the Aga Khan Foundation (India) for their support.

M. S. Swaminathan

M.S. Swaminathan

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Our profound gratitude to

- the agencies, who have participated wholeheartedly in the process of documentation and helped to maintain the balance between objective reporting and passionate involvement.
 - the reviewers, who have been a tremendous source of strength in maintaining quality but have of necessity to remain anonymous
- and
- the many others, all of whom it is not possible to list, for their constant support which made this series possible.

EDITOR'S NOTE

The SURAKSHA series has grown from an idea which has been germinating for a long time. Scholars have long felt the need for documentation of Early Childhood Care and Education (ECCE) programmes in India. While there has been a wealth of experience in the country, with many small-scale experiments under the leadership of outstanding thinkers and educational leaders, it has been realised that hardly any of it has been recorded for a wider public.

The vast diversity in the situations of women and children in the country implies that child care services, especially day care, would vary widely in response to local and specific needs. At the same time, programmes for young children, by their very nature must be highly personalised, direct, small in scale, and rooted in local culture and relationships. Diversity and responsiveness to needs are hence an essential characteristic of successful programmes for young children. In the last two decades, with the rapid expansion of child care programmes like the Integrated Child Development Services (ICDS) in the State sector, it has become all the more important to draw the attention of policy makers to the importance of the flexibility and responsiveness represented by these multiple approaches. Documentation has thus emerged as an essential tool for advocacy.

It was with the twin objectives of dissemination and advocacy that Project ACCESS embarked in 1993, with the support of the Aga Khan Foundation (India), on the project entitled **Multiple Approaches in ECCE in India**, with a view to bringing out a series of studies documenting innovative approaches to ECCE in India. Dr.T.S.Saraswati, Head, Department of Human Development and Family Studies, M.S. University of Baroda, who has for long been urging the need for such documentation, was an incomparable guide and adviser in launching the project. With the help of an Advisory Committee consisting of distinguished representatives from several disciplines, ranging from Child Development and Education to Management and Women's Studies, criteria were drawn up for

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selection of programmes to be included in the series and procedures were developed for a participatory process of documentation.

The series of case-studies represents a wide range of experiences in terms of geography, auspices and structure. The locations range from the Himalayan region to the coastal South, from industrial metropolis to rural or tribal hamlets. The programmes are run by diverse institutions — voluntary agencies, trade unions, educational institutions and women's groups. The programmes include spontaneous private efforts as well as statutory obligations and government / non-government partnerships; they are employer-funded and union-sponsored, school-based or community based. The common element is a commitment to address the intersecting needs of women, young children and girls. In addition, each programme is need-based, client-oriented and responsive, a system of optimal size with a minimum life of three years, caters to lower socio-economic groups and is non-profit making in nature. The series title SURAKSHA was chosen for its rich resonance implying an all-embracing, nurturant care, visually represented in the logo; while the colour of each cover is intended to evoke the specific geographical context.

The process of developing the studies has been a participatory one, involving a researcher/writer working closely with the agency concerned, and providing opportunities for sharing and mutual learning among the agencies through a network and occasional meetings. The studies are process-oriented in nature and not merely descriptive, focussing both on the unique features and the replicable aspects of each programme, finances, sustainability, the child care worker, the organisational structure and relevant linkages. The concluding part in each case dwells on implications of the programme for wider policy initiatives for young children.

This study, the seventh in the series, proclaims in its very title the differentness of its approach, for it is not so much about child care as an activity in itself, as about its role in the empowerment of poor rural and tribal women in the villages of Gujarat. The narration, often in the women's own words, vividly evokes the steps

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in this process, constantly emphasising its dual nature. On the one hand, realising the handicaps they faced because of their multiple burdens, the women came together to organise ways to reduce those burdens by arranging child care; on the other hand, their ability to take and sustain such collective action itself reflects a degree of empowerment.

Does the reduced emphasis on the child indicate a lack of concern for the quality of child care? Are such conflicts between the interests of women and children inevitable and lasting or only temporary stages? How can they be overcome? These are some of the very basic issues raised by this unusual story.

Yet another set of issues relates to the meanings attached to words like decentralisation, sustainability, and self-reliance, in the context of poverty and multiple burdens. How far can these women go in running a child care service for themselves? What does "decision-making" imply without access to resources? How can help be offered which does not erode self-respect and pride in achievement?

What about the child caregiving function? Will it continue like this, the caregiver merely representing one of women's multiple roles on which she is temporarily focussing, or will she evolve into a paraprofessional with the skills for the job?

Empowerment is a process which is bound to raise such thorny questions, and be fraught with difficult choices and hard decisions. At the same time it opens up a fascinating vista of possibilities to which "another kind of child care" can lead.



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ANOTHER KIND OF CHILD CARE
ALTERNATIVES FOR RURAL WOMEN

ABOUT THIS VOLUME

The Author

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1 THE VISION

Mahila Samakhya (MS), which means Education for Women's Equality, is an innovative programme that is need-based, process-oriented and participatory by nature. It aims to give women an opportunity to learn, to grow, in every field, at every moment and in every situation, as a woman.

The programme, now six years old, stems from the National Policy of Education (NPE) which articulates the perception of education as a tool for empowerment and social justice (Appendix 1). Since most educational structures were perceived as being insensitive to women's needs, consultants, NGOs and activists in the field worked together towards developing an integrated programme for women's education.

The need

In a patriarchal structure, women are conditioned to accept their status as inferior. The resultant low self-esteem and stresses of survival incapacitate them to such an extent that they do not demand any of their rights and privileges. As a consequence, they are denied access to information, knowledge and skills. They need to be empowered to enable them to plan and act collectively for change.

Extensive discussions over several months led to an understanding of the critical

issues such a programme of education and empowerment would have to address.

Mahila Samakhya is unique among State-sponsored projects. It has evolved over a long period of time, incorporating a range of view points, encompassing the experiences of a number of NGOs, women activists, educationists and bureaucrats. It recognises that change processes are not apolitical or value neutral. Salient non-negotiable principles provide its basic framework.

The non-negotiable principles

- The initial phase of the project, when women are coming together to form collectives and consolidate their independent time and space, must not be hurried or short-circuited.
- The pace, form and content of all activities must be determined by women and women's collectives at the village level who are participants in it, and women's priorities for learning must always be respected.
- All processes and activities within the programme must be based on respect for women's existing knowledge, experience and skills.
- Every component and activity within the project must create an environment for

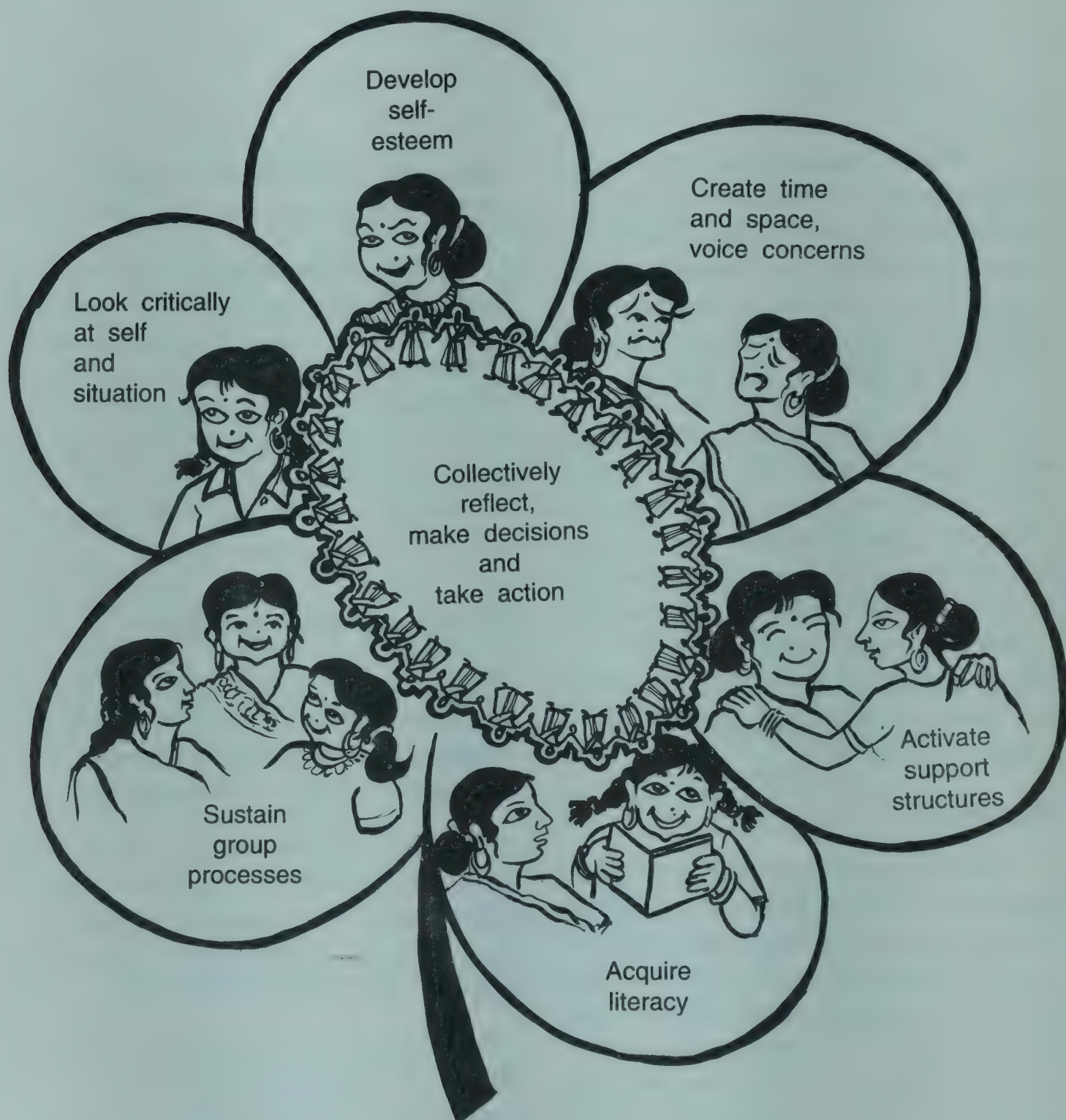


Fig.1 Goals and approaches of Mahila Samakhya

learning, help women to experience and affirm their strengths, create time and space for reflection, and respect individual uniqueness and variation.

- Planning, decision-making and evaluation processes as well as all levels of project personnel must always be accountable to the women's collectives at the village level.
- Project structures and personnel must play facilitative and supportive, rather than directive, roles.

The project has undergone refinement at several stages. Each revision has widened the scope and increased the flexibility of strategies, leading to further refinement of the definition of empowerment and delineation of the boundaries of the educational process. The focus is on enhancing women's self-image, fostering group action and cohesiveness in creating women-friendly infrastructures and policies, and in implementing a decentralised management structure. (Fig.1)

How does MS operationalise its philosophy ?

There were few models to draw on while setting up frameworks for implementation, though some form of organisation was stated in the document for setting up project structures which would create time and space for women's empowerment and would be accountable to the village women.

Based on a continuous communication system between the field workers and the

supporting District Implementation Units, the programme operates with its roots in the *Mahila Sangha* (a women's collective). Earlier experiments showed that women at the village level need continuing and intensive support to help them reflect upon and analyse their lives. However informal they may be, the groups have to have some women taking up leadership roles. These are called *Sakhis* (friends). The Sakhi leads the mobilisation process in consultation with the *Sahayogini* (a person who walks arm in arm with one). Sahayoginis are the women who translate the facilitative and supportive mandate of the project at the grass-root level. Each Sahayogini assists about eight to ten Sanghas and generally lives in one of the villages of her group. The Sakhi receives a stipend of Rs 200 a month as compensation for loss of wages while involved in the mobilisation process. In some villages, the amount is deposited with the Sanghas.

The women who help in mobilisation receive training through the District Implementation Unit (DIU). Planning, organisation, administration, is done at the DIU level by the district resource persons and consultants, who are professionals facilitating and coordinating the activities and linking the grass roots to the State-level structure. The essence of the programme lies in its retention of the emphasis on processes to improve its quality and expand its geographical coverage. It rejects the target-oriented approach. Support to the structure (that sometimes seems too small to meet the expectations of thousands of women)

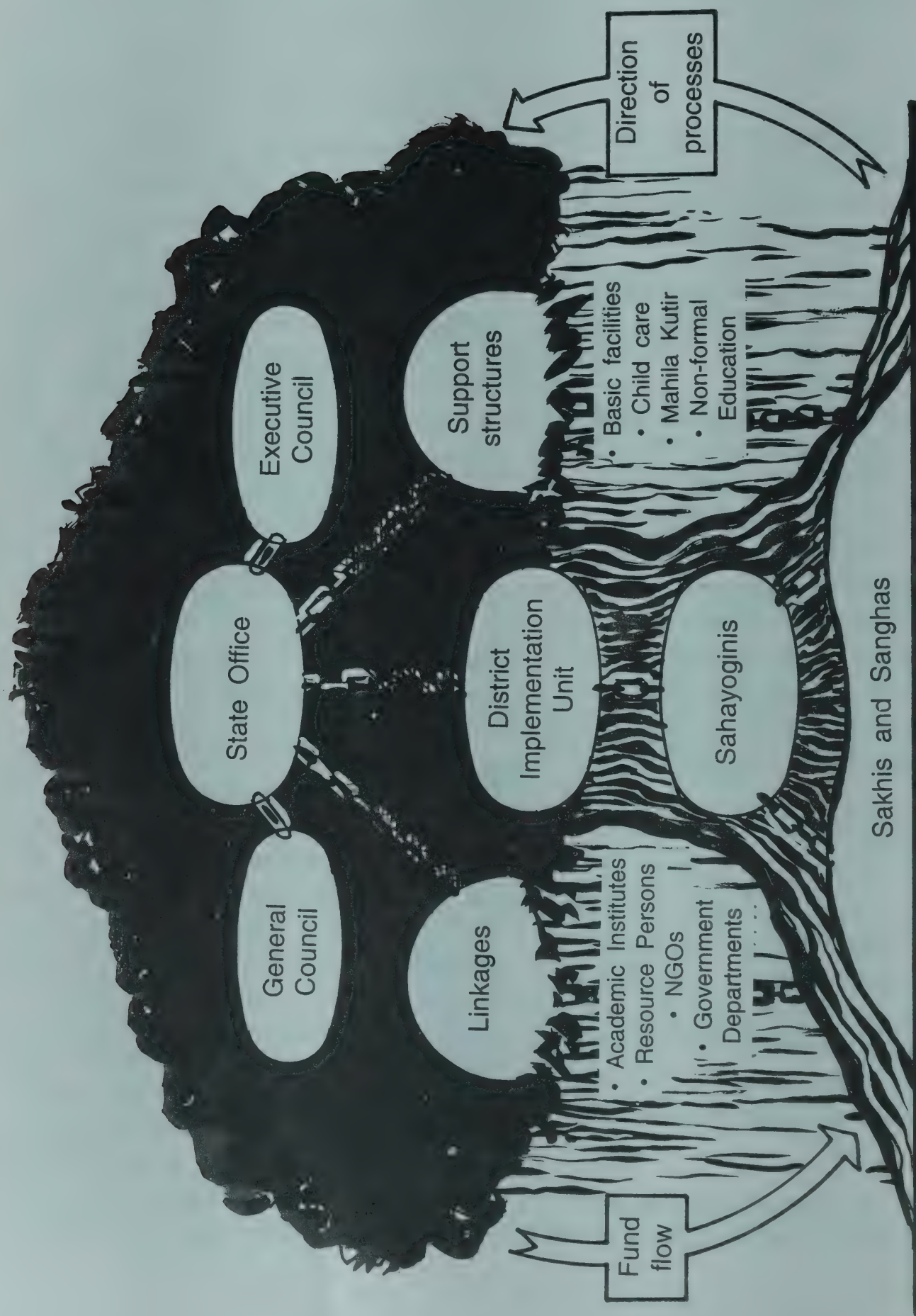


Fig.2 The Mahila Samakhyas Structure (Gujarat)

Note : District Implementation Unit and State Office have a Programme Coordinator, Consultants, Resource Persons and administrative support

emerges from networking with other NGOs, academic institutions, local resource persons and the District Resource Group (DRG). The General Council at the State level assists in formulation of guidelines. The Executive Committee, comprising representatives from within and outside the MS, assists and monitors programme direction, and deals with administrative and financial problems. Fig.2 shows the organisational structure with its built-in linkages, supports and feedback systems that truly attempt at decentralisation.

The programme now covers five States of India — Andhra Pradesh, Bihar,

strategies for facilitating rural women in their attempt to create educational opportunities for themselves and substitute care for their children. It is the story of hundreds of women who, despite living in conditions of poverty, illiteracy, and oppression, have been able to alter their lives to some extent through collective solutions to their problems, one of which is inadequate child care facilities.

The focus here is on bringing the processes* to the forefront, beginning from the way child care is conceptualised. This is followed by a description of women's and

The essence of the programme lies in its retention of the emphasis on processes to improve its quality and expand its geographical coverage. It rejects the target-oriented approach.

Gujarat, Karnataka and Uttar Pradesh - with slightly varied operational structures. It runs with assistance from the Department of Education, Government of India. The concept is now being integrated into District Primary Education Projects in various States.

MS Gujarat, since its inception in April 1989, has spread to 221 villages in the four districts where it is now operational. The present document highlights the MS approach in general, and the experiences of Vadodara district in particular, in developing

children's lives in villages of Gujarat and the several steps involved in operationalisation of a flexible and decentralised model of child care. The foundation of this programme edifice are the functionaries; their selection and the innovative training processes they undergo is described in some detail. The status of child care programmes, their achievements and constraints, gives one an idea of the innate potential for growth and sustained development, and the long drawn out processes needed to make a commitment of this nature a reality in the field.

*The term process is used in two contexts. In the context of empowerment, it refers to a series of internal changes, while in the context of establishing and running child care centres, it refers to a series of actions.

2 THE CONTEXT

As the first group of Sahayoginis were trying to activate women in villages to mobilise groups around common issues, they found that lack of child care support was a matter of concern, and work overload a reason for women's inability to attend meetings of the Sangha or to organise themselves. In subsequent meetings of Sahayoginis a common theme began to emerge: Would addressing child care needs be a good starting point to win the trust of women and build a firm ground to initiate the formation of a group around an issue?

Beginnings

The ongoing discussions of a loosely structured DRG, comprising persons interested in supporting MS philosophy and goals, also focused on this. In about eight villages there was a strong demand for child care. Sahayoginis and resource persons keenly felt that they should respond to the needs. The functionaries supported the process in the field by helping the existing Sanghas make a list of children who required substitute care. Meetings were held to decide details such as choice of caregiver, time, place, etc. Funds were drawn from the available provision for setting up child care centres within the MS financial

structures that cover cost of initiation of child care activities. In the 25% of the MS villages where funding for child care was available, centres were started, and the Sahayoginis played an active role in setting them up. Ad hoc training sessions were arranged.

The field study

“What direction should activities related to child care take in the field?” “Can Sahayoginis receive systematic training?” “Will the child care centres, which will need financial support, affect the overall MS goals and processes?” “Which NGOs should we link up with?” Such were the emerging questions in Sahayogini meetings and other district level discussions.

As answer to these was the initiation of a collaborative project between MS, Vadodara and the Department of Human Development and Family Studies (HDFS) and the Women and Household Development Research and Information Centre (WHOSDIC), both of the Maharaja Sayajirao University, Vadodara. This project aimed at the following:

- Systematic understanding of women's and children's lives in villages, and child care support that would effectively address the needs of the rural context.

- Evolving participatory, process-oriented training strategies for functionaries and village women, in order to facilitate field-level action and implementing them in a selected group
- Documenting of the above to facilitate replicability

The lives of rural women

Lakhi and Shanta are two women with children in the village Sripur Timbi. Lakhi's youngest son is six months old and she has another son aged three and a daughter aged six. Lakhi lives with her husband who is a labourer on a Patel's (*Zamindar*) farm. Shanta has two daughters, one aged five and the other aged two. She lives with her husband's parents and they have some land of their own.

Lakhi's day begins at 5:00 a.m., when her children are still asleep. She clears the beds, finishes her personal routines. She then gets ready to prepare the morning meal and lunch for her husband which he carries with him. Meanwhile, her little son needs to be breastfed and cleaned, and the older children attended to. As soon as her husband leaves, she feeds the older children, then gets on with the household chores of cleaning, washing the utensils and so on. She now gets ready to go to the pond for washing clothes and fetching water. She leaves the little one with her daughter and takes the three year old with her to the pond so that he can bring a small pot of water back with him. All the while she is worried that the little infant will get hungry or uncomfortable. She wonders how



Unending chores

she will cope with the long day and her multiple chores. She has to grind the flour, fetch fuel for the day and fetch water twice. The three year old has been running a fever and has not been attended to as she could not find time to go to the Public Health Centre (PHC) 3 km away. Her six year old, Champa, is unhappy at not going to school. Lakhi wishes that she could take up some labour at least during the peak season, to stretch the resources a bit better. But this year, since it was very difficult to find work at a nearby farm, she stayed home. Perhaps, when her baby is a little older and ready to walk, she would go to work.

Shanta's life is a little different. Since they have their own land, they have to make the best use of it and produce enough to carry them as far into the year as possible. Her mother-in-law cleans the cattle shed, feeds the animals and stays home till the cattle go for grazing around 9:30 - 10:00 a.m. Meanwhile, Shanta has to finish her personal routines, attend to her children, cook meals, fetch water and fuel and then go to the fields. She sometimes attends to these chores and goes out to work by forenoon. In case the farm work requires to be done in the morning, she attends to the household and children by noon. Her children either go to the fields with her (she often has to carry the two year old) or she leaves both her children outside, locks the house, and makes provision for food and water. She is always tense and anxious about how the children would manage in her absence. What if all the neighbours got busy, and the children went

to the nearby stream to play? That would be so unsafe! What if they had insect bites, or the food was consumed by pets....then the children would remain hungry.

Lakhi and Shanta did not think that they could alter their lives in any way though they wanted to be more free. *We women are destined to live a life of drudgery and oppression*, – seemed to be their attitude. But MS members wanted to bring about changes in the lives of women like Lakhi and Shanta. Therefore, it was decided to study their situation carefully by conducting detailed interviews, accompanying them while they did their chores, discussing their activities, discussing in groups on specific issues and talking to the family members who supported them.

Following are details of the number of villages and persons studied to understand the lives of women, girls and young children better.

Table 1 Universe and sample for study

No. of villages covered:	9
Total population	4176
Total households	742
Persons interviewed :	
Mothers	148
Caregivers	40
Fathers	24
Girls aged 6 to 16 yrs	115
Child care pattern studied :	
Children	285

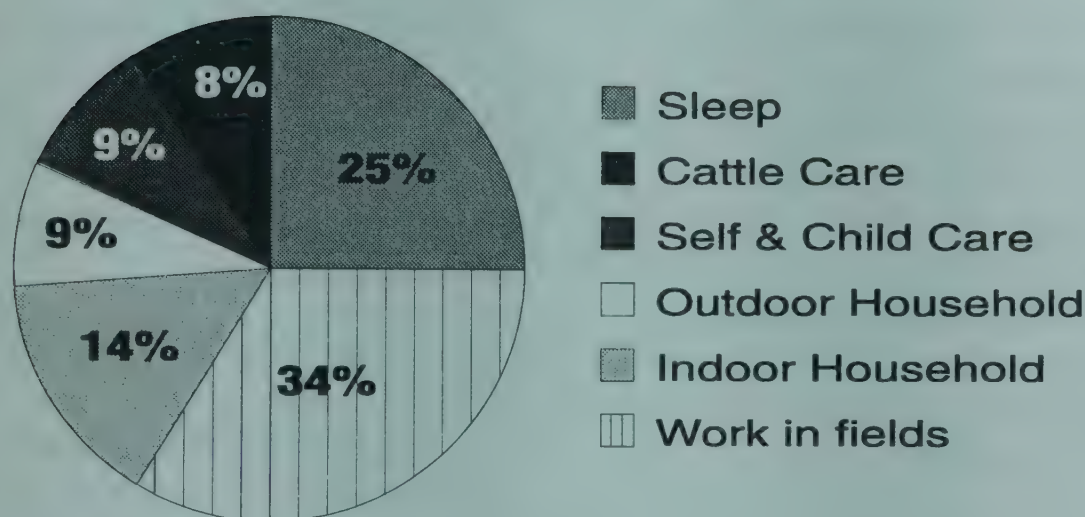


Fig.3 How rural women's time is spent

It was estimated that most of the women like Lakhi, Shanta, and others had a 16 to 18 hours' schedule per day (Fig.3). This led to a lot of physical stress, affecting their health and overall well-being. Many with small children did not have the option that Lakhi had to stay home. So they left their children with others or took them along to work. 30% of children under the age of one were cared for by their mothers while working in the fields, but only 18% of children above one were taken along. They often worried about being abused by the employer for inefficiency, and about exposing the children to severe weather conditions and other health hazards.

Women like Lakhi and Shanta with children under six years ranged from 10 - 50%

of the population in different villages. All of them expressed a desire for child care when they were specifically asked the question during discussions. Most could not imagine such a safe arrangement was possible.

How do young girls fare ?

Pramila and Leela are 12 year old girls. They had to drop out of school after class IV as they started assisting their mothers in household work and caring for their younger siblings. Leela's elder sister went to earn with her mother. (Appendix 2)

Leela did not have many opportunities to play or learn. Could she go out like her brothers did? She could hardly express her desire to go to school as the family and

community would not hear her voice or the voice of other girls like her. As a result, girls like her did not think much of their abilities that were nipped in the bud. They, like their mothers, would get married and have children and continue to be labourers as they did not have the training for other jobs. But Leela and Pramila did dream of the remote possibility that marriage could probably alter their situation, depending on the kind of spouse and his family. Can girls like Leela and Pramila be brought out of their oppressive life cycle ?

Out of 9 villages studied, five were like Timbi or Deri with no child care facilities. In others that had an anganwadi of the Integrated Child Development Scheme (ICDS), children who attended ranged from 25% to 50% of the total. Some did not attend

because it was too far, and others because the timing was not suitable to their mother's work schedule. Sometimes parents felt that if they took their children along to the farm, they could share the meal provided for them by their employers. Some others felt that the anganwadi was after all a government programme with no interest in the family's welfare.

About 25% of young children were cared for by their siblings either at home or in the fields. 16% of these young caregivers were themselves less than six years of age, and hence deprived of opportunities for their own childhood and education (Fig.4).

CHILD was the psychological centrality of the mother's life but as Shanta and Lakhi said – *Their option was*

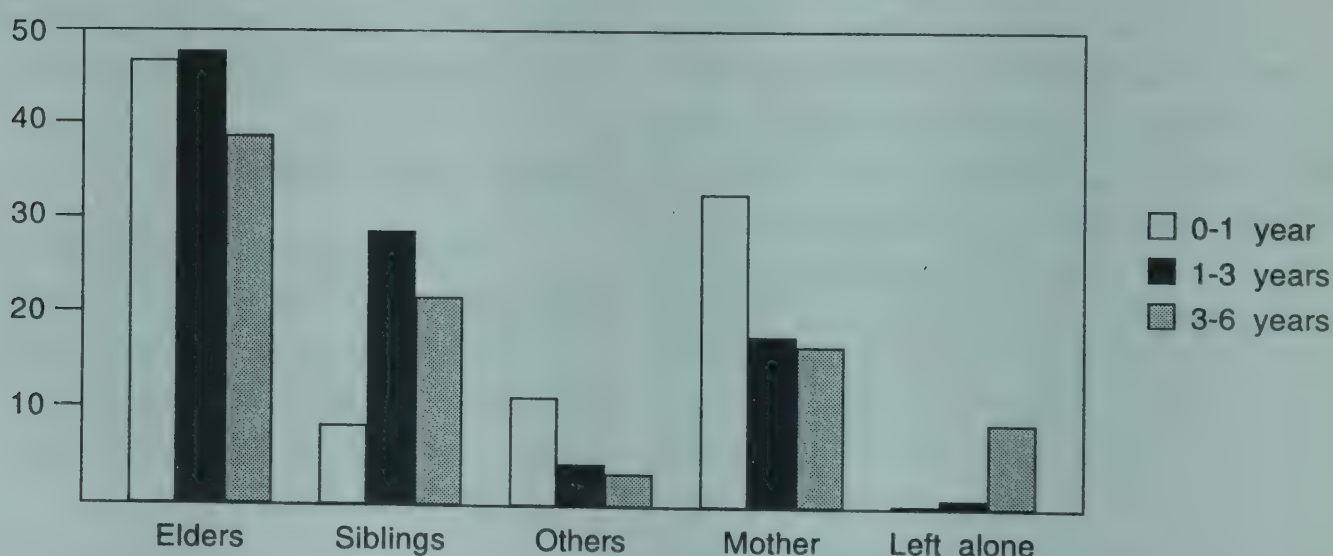


Fig.4 Who takes care of the children?

Note : Percentages for each age group add up to 100.



Minding the baby

to either earn to feed the child or care for the child. (Appendix 3) For most of them child care was a concurrent activity except during breastfeeding (sometimes they even cook or cut vegetables or clean grains while they breastfeed) and thus they had little time to play or relax with the child. The child's constant pestering and need for attention often led to scolding or beating.

Could the course of their children's lives be changed in some way by at

least providing a clean and safe shelter? Is adequate care not the basic right of children? Can mothers and children be motivated to make use of existing facilities? Should child care and development be left to chance? To achieve the goal of literacy and overall development, non-formal educational facilities combined with other responsibilities including child care are necessary. These need to be set up and supported to help village women alter their own and their children's situation in some way.

3 CHILD CARE SUPPORT

Enabling suitable arrangements for substitute care of children is intrinsically linked to women's development and empowerment processes. This as a concept is beginning to be articulated more clearly in many academic and activist forums. In order to achieve the goal of empowerment, MS addresses itself to the provision of necessary support structures, and creation of effective and viable alternatives for substitute care of children has been one of them. The primary goal of child care in MS is to release the woman of one of her multiple burdens and support her empowerment in direct and indirect ways. (Fig.5)

Empowering women through initiation of child care centres requires tremendous inputs in the preparatory phase and strong support to the collectives for initiating action in their own villages. This crucial task generally comprises several stages and ongoing processes, spread over a time period of one to two years, depending on the nature and dynamics of each village situation.

Preliminary steps

The facilitators (Sahayoginis and Sakhis), in their village visits, explore, discuss, observe and analyse women's problems. Child care does not emerge as an immediate issue.

Because of their awareness, facilitators may either initiate a dialogue on child care or the village women may themselves do so. However, at this juncture, efforts are made to clearly understand the child care needs of the community.

Some villages have ICDS and others do not. The Sangha's action is determined by women's needs and interests. They may decide to get ICDS to their village to address health and educational needs or may alternately decide to initiate a day care centre. A crucial task for the group at this stage is to evolve a model of the support system that will address their multiple needs.

In the initial phase of MS, detailed discussions and consultations at the DIU level with Sahayoginis focused on evolving a model to suit the village conditions with inbuilt flexibility in form and organisation. A summary picture of each village was put forth through simulated activities. The participants shared their ideas about creating a model support system. The various options that emerged were:

- Self-financed child care centres, combining day care and preschool activities
- Linking the day care service to the existing anganwadi of ICDS

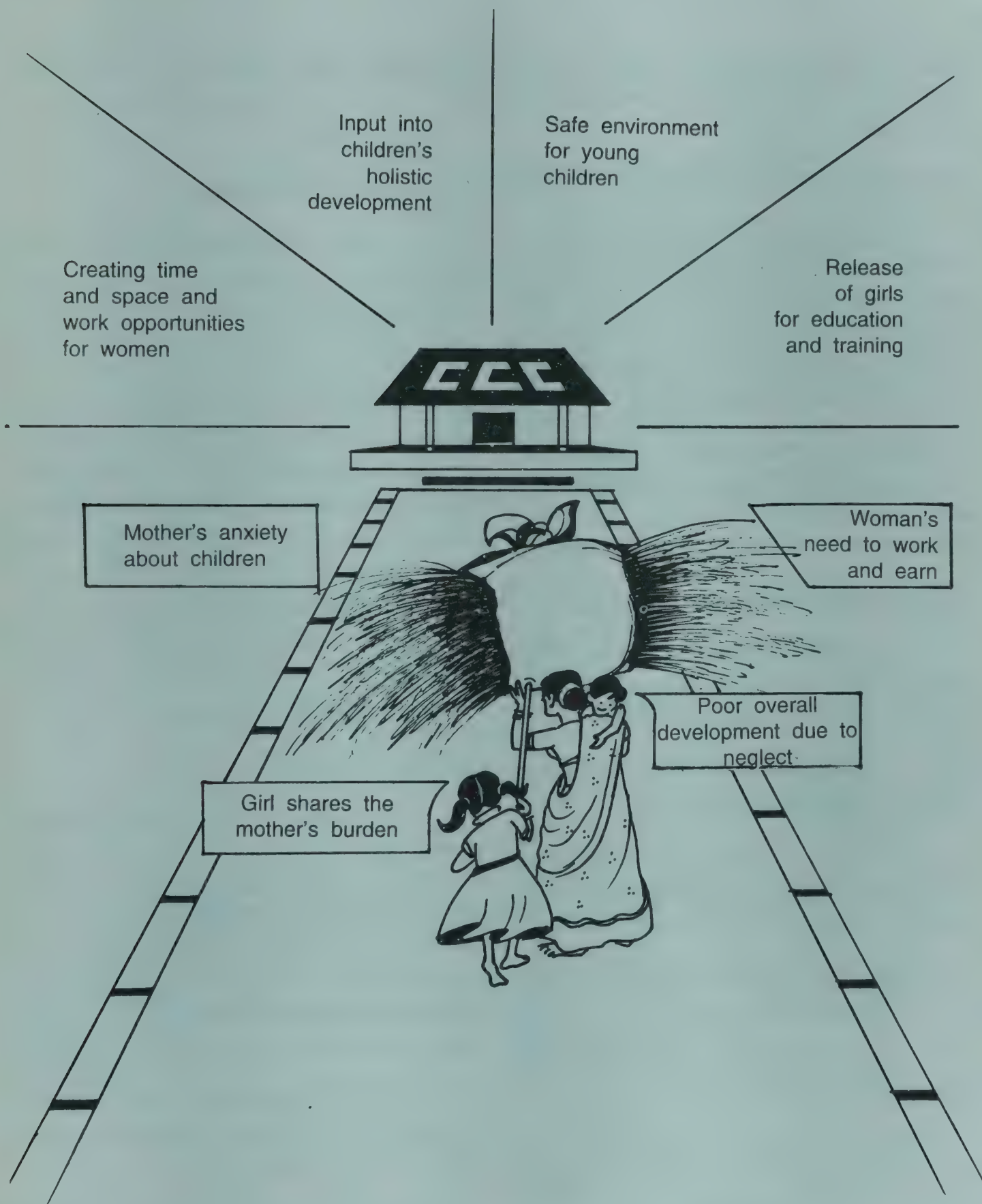


Fig.5 Child care : a road to women's empowerment

- Child care centres only for a section of the population in the village (the poorest) where the demand is high
- Caring for children in more than one location

What then are the differences between existing child care facilities and the one MS wishes to support? Multiple responses emerged to this question, leading to the following conclusions that served as a framework for building the support system:

- Leadership and responsibility for child care centres rest with the Sangha. With community participation in setting up, continued implementation and monitoring is expected.

- Flexibility is needed in

- timings to suit the needs of the community, especially mothers, as well as the workers' duties and responsibilities

- programme evolved with regard to the need for care and/or education

- choice of child care worker from the same community, preferably of the same caste, and chosen by the Sangha

- promoting varied models and catering to a wide age group

- including infants, preschoolers and older children if need be

- Sanghas negotiate for resources at the local levels and with MS. MS Vadodara arranges for disbursement of funds to Sanghas gradually, based on specific criteria collectively evolved for assessing

their readiness for effectively using the funds. This process may take anything from three to twelve months.

Preparation of facilitators

In their training sessions and meetings, the facilitators (Sahayoginis) discuss the steps involved in translating the philosophy into reality by women's collectives. They go through the experiences themselves, through a series of field and simulated activities, to analyse and understand women's needs, decision-making processes, group dynamics, and their own strengths and biases. The facilitators receive strong support from the resource persons/consultants. The group lists anticipated problems and possible solutions. Further support is provided through regular field visits by District Resource Persons.

At the village level

Since MS, by its ideology, responds to women's voices, and works with women at their own pace, there has been a variation in the nature and sequence of activities undertaken by each Sangha to reach the goal of starting a child care support facility. (Fig.6) Despite differences across villages, the essential steps emerge as:

1. Creating awareness about women's situation in society, women's work, their multiple roles and associated stress
2. Formulation or activation of the Sangha to work towards the task of setting up a child care support system

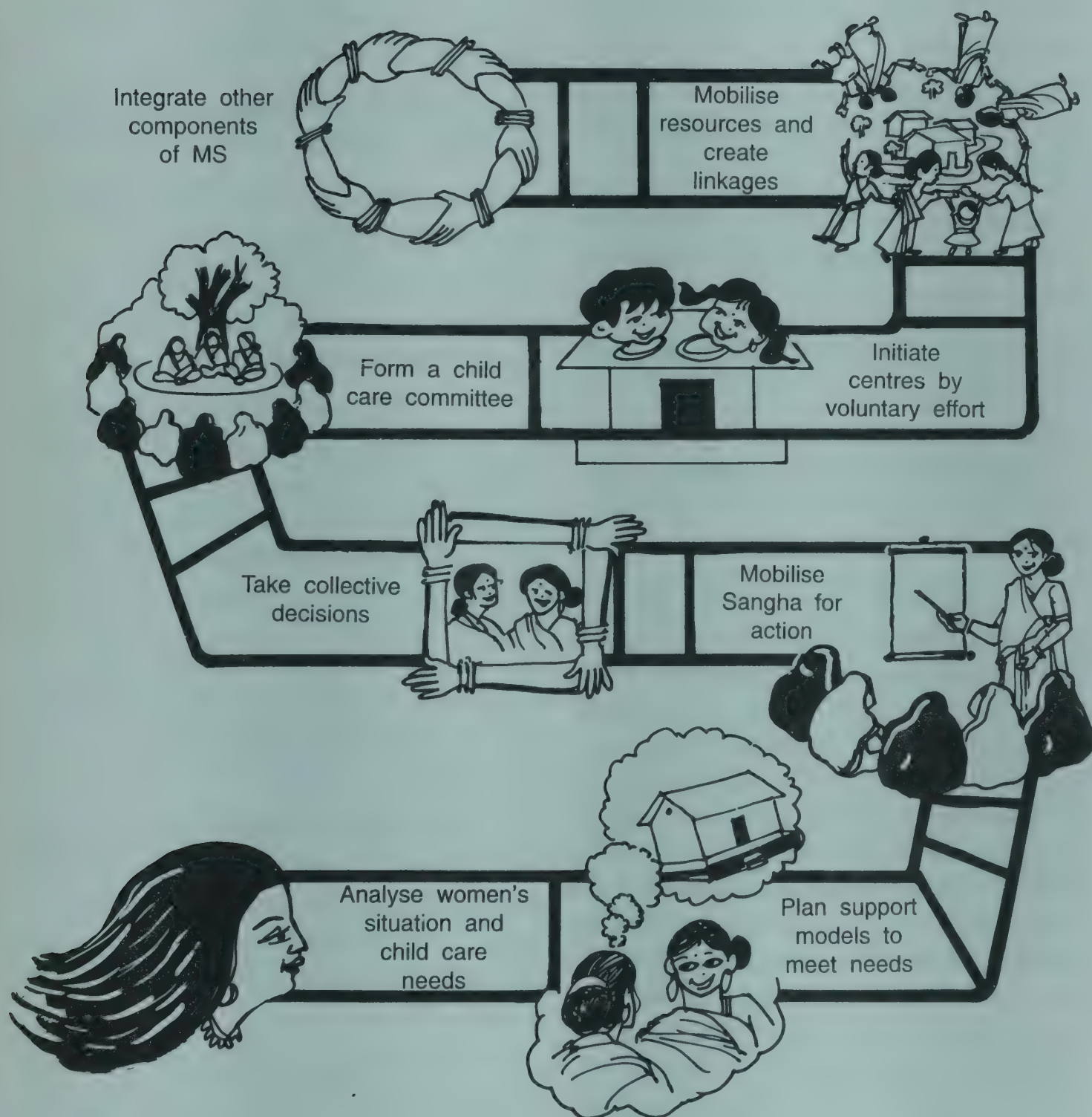


Fig.6 Evolving the child care support system

3. Collective decisions about details related to the type of child care support that needs to be created and formation of child care committees
4. Collective decisions about choice of place, time, caregiver (who, how many, why) and payments
5. Discussions, decision-making and follow-up activities for resource mobilisation at local and district level
6. Preparation and actual initiation of the child care centre
7. Gradual stabilisation of the programme, and working towards long term goals

Self-awareness and Sangha formation

Mobilisation at the village level is facilitated by the Sahayoginis and Sakhis and other women who assume leadership roles. They translate their training to the field through a series of meetings, home visits and discussions. Various methods like role playing, films or drawings are used for communication. Sometimes, it is done by arranging cluster meetings for a selected set of members from a group who then assume leadership at the village level. They become the local level child care committee, both from the point of special training inputs or as an avenue for maintaining active contact with village women. The decisions about the committee's composition, the number of members and the criteria for their selection are taken at the Sangha level. Roles, responsibilities and rules are evolved by

collective decisions of the group. A committee, for example, can consist of:

- a senior member whose voice will be respected and heard in the group
- representatives from mothers and caregivers, the number depending on the size of the group
- anganwadi worker or any other functionary delivering a service, to ensure good co-ordination in setting up the child care centre
- Sahayoginis and Sakhis (old and new) who would automatically be members

The committee then assumes the major responsibility of setting up the child care centre and ensuring its proper utilisation. It makes decisions about matters pertaining to child care services such as the performance of Balsakhis (child caregivers), maintenance of accounts, utilisation of funds, etc., and plays the day-to-day managerial role. What is noteworthy is the fact that the committee in no way undermines the status or decisions of the Sangha.

Common discussion through formal or informal meetings with mothers, caregivers and, in many cases, fathers of young children, helps in obtaining consent for participation from their families in an indirect way.

The focus of discussion within the Sangha is in mobilising resources within the community, as a means of minimising dependence on external resources. The advantages of community participation are highlighted in terms of having the right and

authority over the design and management of the child care centre (facility started by the group will belong to the group). The minimum resources required for starting a child care facility are the premises, some provision for snacks (*nasta*), and payment for the caregivers.

Finding a place

Several possibilities for the location of the child care facility, such as individual homes, fields, or a common public place (e.g., temple or school premises or Panchayat house) are discussed. It is often found that there is difficulty in finding a large enough space to house 25 to 30 children as the houses are generally small, and the school is

What is noteworthy is the fact that the committee in no way undermines the status or decisions of the Sangha.

far off, etc. The general consideration is to choose a place which is accessible to all children (especially the lower caste), with some outdoor space for play, indoor space for seating and safety (not on the road where too many animals or vehicles would be constantly moving). Many villages decide to initiate the centre in the Balsakhi's house, mainly for convenience. However, this as a general practice is discouraged by the Sangha. The women feel that the Balsakhi would pay greater attention to her household work instead of spending time with children or misuse the resources, especially food. The place has been

changed in 15% of the villages, in view of the Sangha's mistrust or need for exercising greater control over the centre.

For obtaining the premises, the Sangha leaders and Sahayoginis negotiate with the Sarpanch; they have to clarify many issues like timings, nature of use, maintenance and safety. The building often requires repair or reorganisation, and the Sangha has to then co-ordinate local resources (both human and material). They contact brick makers, carpenters, and masons who are available in the village. Sometimes the Sarpanch acts difficult and refuses to give permission to use the premises. The Sanghas then contact the Taluka Development Officer (TDO) and renegotiate at the village level, including the Sarpanch, for obtaining consent.

Continuous efforts are made by the Sanghas for establishing their rights over public places. The activities related to the establishment of *Mahila Kutirs* (places that belong to Sangha women) are automatically linked to the child care issue. Due to this sort of liaisoning, the group is exposed to a variety of experiences that enhances its learning, improves confidence and reinforces ability and potential.

Resources for supplementary nutrition

One of the major issues is related to the supply of supplementary nutrition (*nasta*). There is a fear among all Sanghas that if this is introduced unconditionally, the centres would become just *nasta kendras*

(feeding centres) and the caregivers would have little time for anything else. Also, the provision from available grants is considered highly inadequate.

After sufficient discussions at DIUs and with women, Sangha members and Sahayoginis have felt that the need for nasta should be evaluated depending on the timings of the centre. In a few villages with anganwadis, it was decided that one snack could be provided for at the child care centre. In other cases, children should either bring their own food or go home for lunch. Nasta is also viewed as a major means of attracting children to the centre in the initial stages. However, Sanghas make constant efforts to reinforce the need for a good programme for attracting children.

The Sangha members participate in the purchase of raw materials (50% of the villages), maintenance of accounts (50-70% of the villages) and cooking of meals in rotation (20% of the villages). Community contributions in varied forms are mobilised. Members contribute firewood, or assist in collecting water, add their own bit in

Every problem event is viewed as a new learning opportunity to bring issues to the forefront.

the form of vegetables, jaggery and such things to enhance the quality of food. In most villages the children attending the centre are provided meals as "good will" on special

events such as marriages, celebrations or even as part of ceremonies after death. Problems are inevitable in such a decentralised process. Every problem event is viewed as a new learning opportunity to bring issues to the forefront.

Initiating and stabilising the programme

Most village Sanghas initiate the centre with some ceremony, as a good omen, and also for publicity to catch the attention of mothers and other key persons. The first eight centres of MS were started in February 1991. Initially, some Sanghas decided to have the centre open for about 4 to 5 hours. However, this varies greatly with the seasons. Children, mothers and Balsakhis take time to adjust to their new routines. As Balsakhis Savita and Champa say:

We have crying babies, toddlers and young children who run around demanding food and toys. But we are not very sure as to how to go about engaging children pleasantly, taking care of their disciplinary problems. Further, we do not know whether we should fetch the children, or mothers will drop and pick up their children.

Finding answers through Sangha and cluster meetings, the women decided that mothers should drop and pick up their children. Balsakhis like Savita and Champa know that they will receive adequate training to help them in their job through the District Implementation Unit.

Sanghas have evolved their own guidelines for the programme. Initially they

may use different means to attract children, for example, serving a sweet snack, but soon enough, these practices are discouraged before they become a habit.

Funding the centres

The source of resources to keep the centre going is the central theme for discussion in the Sangha. Women get to know about the earmarked funding available through MS for child care activities. The Sangha can avail of the following amounts to meet recurring expenditure:

Table 2 Recurring expenditure

	Rs./month
Balsakhi's honorarium	500
Supplementary nutrition	423
Contingencies	40
Total	963

In addition, there is budget provision for Rs. 1800 per year for doctors' visits and medicines (which is not availed of, as the Sanghas have built strong links with PHCs), and Rs. 4000 for non-recurring equipment which is released in stages by MS as and when needed. Provision for training (Rs. 4200 per year) is handled by MS.

The women brainstorm to explore alternative local resources from the community in the form of play materials, fuel, water, floor spreads, *matkas*, grains and so on. Community contributions (a nominal amount of Rs. 5-10 per child) are collected

to meet the cost towards an honorarium for the Balsakhi. In the village Haripura (Racha) women have convinced the shopkeeper to supply raw materials on credit, which can be paid off during times when work is available.

There is much discussion and excitement when the Sanghas make an application, with the support of a literate person, for financial assistance towards payment of the Balsakhi's honorarium or snacks and contingent expenses. Now begins the arduous task of follow-up which is often very frustrating.

How are funds transferred to the Sanghas? Mamta & Smita (resource person and consultant) claim:

We (facilitators) play a major role to see if the Sanghas are ready for managing the finances. We check whether the Sanghas take the responsibility to organise and understand child care as a component within Mahila Samakhya and as a collective activity leading to empowerment. We also check to what extent mothers of young children have been involved in designing of the child care support.

As time has gone by, Sanghas and child care committees have taken over this task of monitoring the processes and assessing readiness based on detailed criteria, which they themselves have evolved. The following are checked:

- Functional presence of a centre
- Fairly regular attendance of children

- Extent to which nutritional needs of the children are met
- Sangha initiatives in problem solving.

The DRPs, Sahayoginis and Sangha members make independent observations and collectively discuss them in monthly meetings for final decisions.

The two interlinked roles of MS, as the mobiliser of, and channel for, funds, often become contradictory. The need to pay at least minimum wages to Balsakhis is recognised, but it is not feasible in the present financial structure. Child care centres do need more resources. Changes in policy and alteration of the financial structure have been very difficult. To lobby and liaison effectively and creatively at all levels is a matter of continuous concern.

Ongoing monitoring and training

Even as the centre's routine is gradually stabilising, the Sangha starts its work to liaison with other programmes like the anganwadi

(ICDS), the primary health care centre and the school. Renuka (a Sahayogini) says:

We need to have meetings and discussions frequently to sort out emerging issues.

Where women sort out problems

- Sangha meeting – frequent at the village level, as the need may be
- Cluster meeting – once in two to three months, comprising village level child care committees
- Sahayogini meeting – once a month along with DRPs at the DIU
- Tours, visits and celebrations – planned in a phased manner, to enhance learning by observation and participation

Strong communication links between the village women and the implementation structures maintained through these multiple channels are what offer the programme its uniqueness.

The primary goal of child care in MS is to release the woman of one of her multiple burdens and support her empowerment in direct and indirect ways.

4 WOMANPOWER

The MS ideology prioritises the “process” as significant, which has led to a methodology that ensures the locus of decision making at grass-root level. Accountability stemming from the programme ideology flows down from the State and the district offices through Sahayoginis and Sakhis to women’s collectives at the village level.

How are Sahayoginis selected ?

The Sahayoginis, Sakhis and Balsakhis play pivotal roles in the programme and hence their selection has been of vital concern. The criteria and procedures for selection of Sahayoginis (the major link between DIU and Sanghas) have been collectively evolved by mutual consultative workshops between MS resource persons, members of NGOs active in organising women, academic institutions and personnel involved in training. The potential applicants are invited to a common forum to participate in varied activities which give scope for self-expression and assessment of sensitivity and concern towards social issues. Drawing and dialogue often facilitate group discussion. There may also be a story completion or essays on the happiest or saddest moments in life. Such activities serve as a means to understand the implicit and explicit potential in an individual. These are followed

by interviews to understand the background and commitment of the person to this important work that brings her an honorarium.

Table 3 **Reasons for becoming Sahayogini**

Commitment to women’s issues	40%
Economic gains	86%
Scope for independence in decision-making	84%
Personal satisfaction and new learning	80%
Improve liaison-making abilities	26%

** Percentages total to more than 100 because of multiple responses*

How are Sakhis selected ?

The responsibility of Sakhi and Balsakhi selection rests with the Sangha. MS Gujarat has adopted the strategy of Sakhi rotation. Two to four women every year play the roles of catalysts in the mobilisation process. In Gujarat, the Sakhi is seen as a learner who shares her training, new skills and awareness with other women. Her honorarium is viewed as a stipend and not a salary. There is a tendency for older

women to go out as Sakhis in the initial stages. Probably it is their way of checking the authenticity of MS. Almost all the Sakhis have never left their villages before. Sharing the excitement of travel and new experiences and the visible confidence motivates other women to take on the role of Sakhis. As the number of trained women increases over the years, the newer ones are even more enthusiastic with the active support of the groups in their villages.

Sanghas change a Sakhi if they feel she is irresponsible, does not participate in training, or share her learning with other women or has personal limitations.

Selection of Balsakhis

Balsakhis are chosen on a more permanent basis, and not on rotation. Based on the type of support and number of children, the Sakhis and community are encouraged to voice their own perceptions about the number of children one Balsakhi could care for. Most women generally feel that one person can care for about 10 children in a mixed group of infants and pre-schoolers, and 15 children if only preschoolers and older children. In some villages, women feel that more Balsakhis would be required in view of the large number of children. However, they are not sure as to how many children will attend the centre every day. As a result, they start with two persons. In a few villages the groups choose three persons. In some instances, women volunteer their services.

The criteria for Balsakhis' selection is as follows :

- person from within the village
- her willingness and availability
- not too many family responsibilities
- consent of her family
- age of her own children
- her personal traits such as loving, caring and tolerance
- acceptability to the group

Each group tries to have at least one literate worker though this is not always feasible. The choice emerges to be an unmarried girl, a mother of young children, or an old caregiver.

Table 4 **Reasons for becoming Balsakhi**

Steady income, better than farm work	6%
Satisfaction from work	40%
Interest in children and women	63%
Learning to solve problems	43%
Prestige in society	10%

* Percentages total to more than 100 because of multiple responses

The honorarium to Balsakhis is an important issue for discussion. It is dependent on timings, number of days of attendance, responsibilities, the market rates for labour, etc.



From Sakhi to Sahayogini

Generally, the market rate for labour during peak seasons is much higher than the funding available. In some villages labourers are paid Rs. 25 to 30 per day during peak seasons whereas in child care centres it is not possible to pay more than Rs. 10 a day. This creates some difficulty in terms of availability. The Sahayoginis or group leaders have to convince the concerned persons by explaining factors such as stability of income, the social value of the job, the scope for new learning, individual development and so on. The group believes that it should work towards at least paying minimum wages, and collective efforts to seek more resources are ongoing.

In the initial years, there were cases where the Sakhis became Balsakhis.

Sahayoginis and Sangha members felt that such a trend leads to centralisation of power with one person, as she is the one who avails all opportunities of training, may not share with others, and, moreover, the Sangha's control over the centre would become weak. The Balsakhis have been changed once in 30% of the centres and twice in 20% of the centres. The major reasons for change is either personal problems or irresponsibility in caring for children. This has had implications such as change in location of the centre, inadequate training, and management problems. At a point in time, there was a decision not to choose any ex-Sakhis as Balsakhis.

The selection of the Balsakhi (based on caste, position, training and education)

Table 5 Demographic profile of Sahayoginis and Balsakhis

	Total	
	Total MSG	Vadodara
Sahayoginis	58	31
Sakhis	1234	493
Balsakhis	> 106	56

Sahayoginis

- 42% are in the age range 25-29 years, 26% are in the 30-34 years group, 19% are less than 24 years and only 13% are more than 35 years old
- 70 % are married and 50% live in nuclear households
- 75% of them and 53% of their husbands have secondary school education whereas 26% are college educated
- 40% of their husbands are in service and 30% are agricultural labourers
- 45% have children under 6 years and the rest above 6 years, and all children of school age are currently enrolled in schools.
- Their family income range is Rs. 800-3000 per month

Balsakhis

- 45% are in the age range of 20-30 years, 15% are girls below 20 yrs., 30% are 30-40 yrs and 10% above 40 years
- 65% live in joint families
- 50% have primary school education and about 25% are illiterate, with about 10% in rural areas having studied up to the secondary level
- 62% of the families are agriculturists, either small farmers or hired labourers; 17% in rural areas are in other forms of paid employment
- 45% of Balsakhis have children under six and the rest above six years
- Most are from the same socio-economic group as the other families in the villages

continues to be a concern, in view of changing dynamics within MS and at the village level. The Sangha plays a major role in this process. Sorting out issues involves tremendous inputs into processes, and building trust within the group and community.

54% of Balsakhis' families offered them strong moral support and helped them in their household tasks (32%). About 14% of Balsakhis received help from their own families in running the centre.

Talking about their problems with Balsakhis, the women said :

- *Balsakhi was irresponsible and left the children when their mothers were not at home.*
- *After 3 years of work, both Balsakhis were irregular for about three months. The Sangha was divided into two, one for and the other against the Balsakhi, leading to quarrels between two families.*
- *Since the centre was running in a reputed family of the village and the Balsakhi belonged to that family, she paid attention to housework and neglected the children.*
- *Balsakhi used to come to the centre under the influence of alcohol.*

Sorting out the problems required courage. In Timbi village, men were not allowed to interfere. First, warnings were given and irresponsibilities pointed out. Meetings were held continuously for 10-12 days as it was very difficult to take other women in the old Balsakhi's place (it's a small

sector, and all 35 households have their own interactional dynamics). This problem was solved by choosing young girls as Balsakhis.

In other villages it was more difficult. In one village, several meetings were called, but the Balsakhi would not turn up to answer the queries. So she could neither be retained nor changed. To solve this took a long time and affected Sangha processes.

DRPs facilitated meetings of the Sanghas or clusters with the support of the Taluka level child care committees. Women got together and analysed the Balsakhi's responsibilities. They were helped to look into the depths of the issue, the political, societal and family dynamics as they emerged. Sometimes Sangha women visited a nearby village to understand a similar situation there.

Based on the new experience and awareness, a collective decision emerged. The Sangha draws to the Balsakhi's attention the need for changing her behaviour. If she still has some problems, she gives up her place to someone else identified by the Sangha. Though the process of bringing about internal changes is fraught with problems and personal dissatisfaction, women feel that it is the best way to learn and improve one's own self-confidence.

For example, a Sahayogini may feel that she has to start a centre because her image is at stake. The Balsakhi feels that everyone should listen to her, so she exercises her power over the Sangha. It is a challenging task for the group to break these little power structures that develop at various stages in the ongoing

processes. Intervention can either bring positive results or lead to negative repercussions wherein group trust and solidarity break down. Rebuilding the same requires much effort. It is a difficult and time-consuming task to help the Sanghas learn the process of disaggregating the causal factors at individual, family and group level. It is hard for women in these small homogeneous clusters to draw boundaries between group work and family matters. In a few instances, the Sanghas almost broke up and centres closed down for short periods of time. There can be threats to women's safety too. Sorting out problems collectively rebuilds a stronger Sangha with renewed vigour.

Sahayoginis talk about finding solutions

Initially we were so worried about the breaking up of the Sangha. We also noticed that in many cases small power structures were emerging. It may be the Balsakhi, or the Sakhi. We thought that the Sangha should understand the difference between the MS approach and just running a child care centre. So we decided

to bring it out in the open. We now have subtle indicators to know if decisions are a collective process or not. For example, women know if they are consulted for fixing the time for a meeting, or about the food, or introducing a new activity or if the decisions are made individually. We also noticed that in some villages the Sangha leaders belonged to the same family as the Balsakhis. Therefore, the problems were aggravated. The Sangha understood that we have to delink personal issues in the interest of the larger issues of women.

The problems are temporary. In one village, the former Balsakhi was not allowing children to come to the centre. In another village, husbands restricted some women from attending meetings. But such misunderstandings do get cleared up over time, and after passing through all this, there is a new solidarity. As the women say:

The purest form of gold emerges only after it has passed through high temperatures.

Though the process of bringing about internal changes is fraught with problems and personal dissatisfaction, women feel that it is the best way to learn and improve one's own self-confidence.

5 TRAINING FOR EMPOWERMENT

The empowerment process is directly facilitated through a series of training sessions that are participatory and experiential. In its widest sense, the training offers time and space to the worker, gives her opportunities for reflection, enhances her individual abilities, reinforces collective efforts and the resultant group wisdom as a means of solving problems.

The curriculum

The training comprises on-field guided learning and off-the-field orientation and reflection. The retreats, that generally range from two to five days, give women the opportunity to get together and learn in groups, share experiences, and also have a break from their daily chores. The methodology of training is deeply rooted in the tradition and culture familiar to the group. Despite the similarity in methodology and approaches, the content of the training keeps changing in view of the needs of the group at a given point of time. A conceptual framework is presented in Fig.7.

The Sahayoginis who are part of the district training team undergo training in gender sensitivity, planning and organisation, and process documentation. In addition, they acquire specialised inputs in selected areas like health, child care, literacy, and legal or economic issues that have been identified

by Mahila Samakhya as potential areas of intervention.

All women who play leadership roles at the village level (the Sakhi, Balsakhi, Sangha and Committee members) receive training in gender sensitivity. Women introspect about their own situations and gain indepth understanding of issues of gender and patriarchy. As the group is helped to analyse their own lives and circumstances, barriers break down and a sense of equality, sisterhood, and camaraderie develops.

The topics for specific training vary from group to group based on the activity that the Sangha desires to take up. These may be issues like literacy, water management, construction of Mahila Kutirs, management of child care centres, initiation of savings groups and so on. The methodology used in these training sessions is quite unique, allowing every person to grow based on her interests and capacities. The following essential features are retained in all training programmes:

- Evolving common rules and deciding responsibilities by consensus for the period of training – a process of setting group norms
- Reducing the gap between trainer and trainee. For this, many methods including sharing personal lives and beliefs are used to establish a sense of commonality and equality

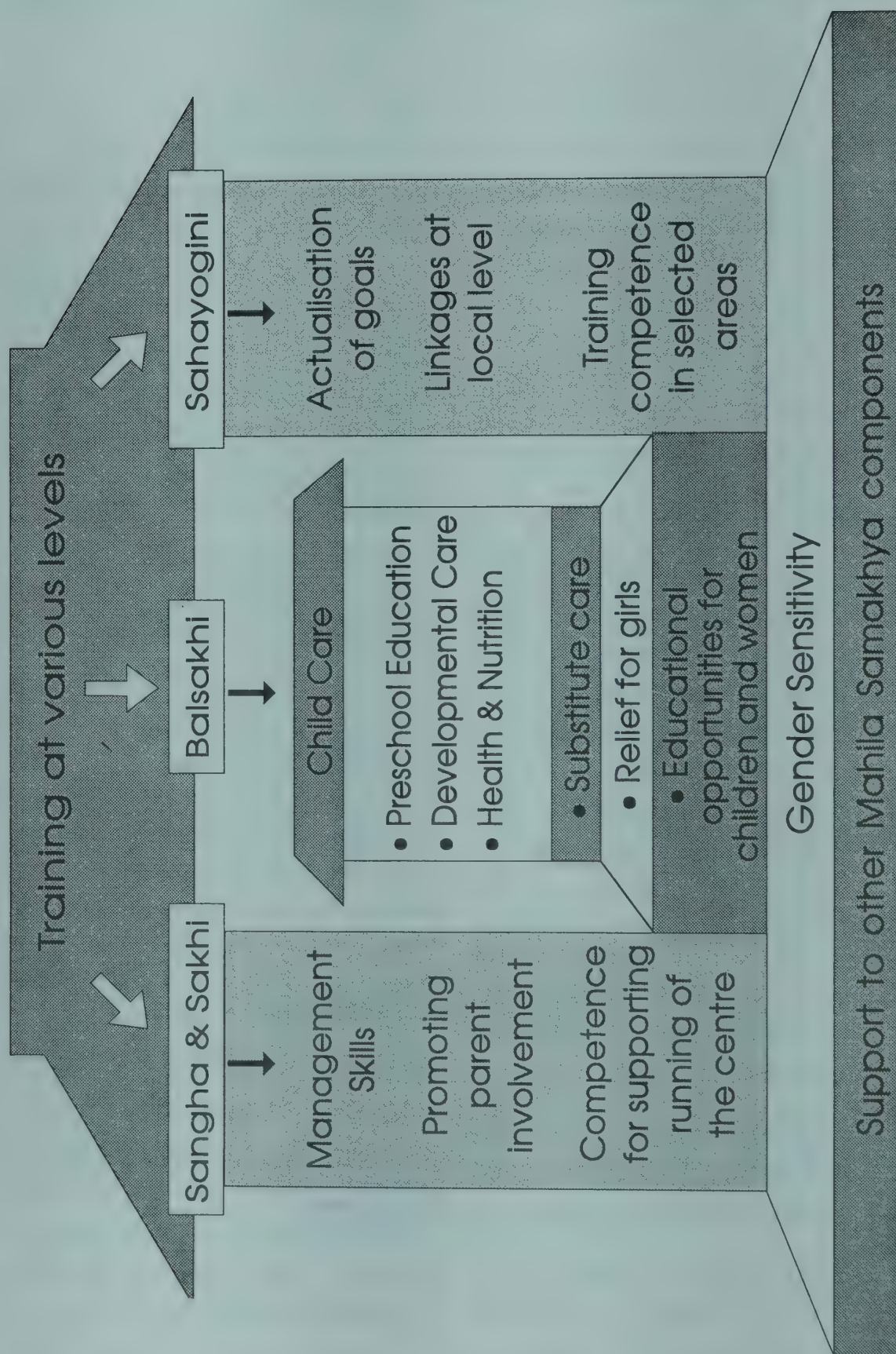


Fig.7 Skills and competencies for child care – a conceptualisation

- Giving a chance to everyone to speak and be heard
- Sharing experiences and learning from one another
- Gaining opportunities to experience collective strength and energy

Specifics of training in child care

Training for child care within MS has evolved on the same broad principles and ideology of the programme. Initially, the training on some selected issues was carried out by external resource persons. MS then developed specific modules for each of the components with the support of a consultant (the author) from the Department of Human Development and Family Studies, Maharaja Sayajirao University, Vadodara.

In line with the concept of decentralised management, all women receive some minimal training on important aspects of care of children and management of centres. Further training in specific areas are planned for committees, Balsakhis and Sahayoginis, often separately, depending on the responsibilities they need to execute. Details of content of training and personnel trained are found in Appendix 4.

An innovative methodology

The major challenge is to support ordinary village women (who probably have gone out for action and responsibility for the first time in their lives) at the grass roots. Therefore, the primary concern has been to

adapt training to the needs of child care centres emerging in the villages and to problems encountered by women in their initiation and management. These women have little or no education and often do not have the time or patience to sit and listen. They themselves are mothers and have family responsibilities and cannot be away from home for long periods of time. The format that emerged within these constraints (or potential for alternatives as one may believe them to be!) took the form of camps, cluster meetings, workshops, village Sangha meetings, field visits, and celebrations.

Training camps

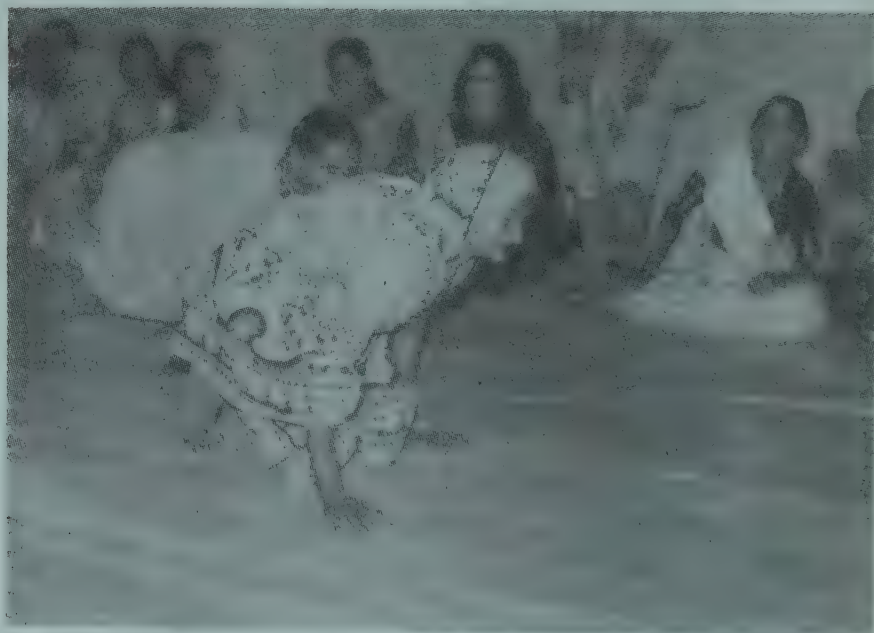
All training retreats are participatory in nature with heavy reliance on popular songs, games, drama, art and crafts, films and simulated exercises. Expression through drawings combined with discussion bring out the salient features and logic behind every activity and the main agenda that requires attention. Drama and role playing, drawing and pattern making are used to understand women's perception about what facilities a child care centre should have, how children learn, what children of different ages do, etc.

Introspection and recollection of what they themselves were as children and what activities changed their thinking and approach to problems help trainees to gain ideas about planning appropriate projects for enhancing children's development.

A variety of games that aid in breaking the ice and overcoming inhibitions of speech, movement, and emotional expressions are



Draw and Dialogue



Remembering childhood

encouraged throughout the training sessions – riddles and puzzles, guessing games, relay races, paired activities.

Songs and drawings are developed in order to recapitulate, memorise and reflect on what has been taught and learnt.

As women come back with new challenges, new techniques that respond to the needs keep evolving and therefore the methodology is as much a trial and challenge to the trainers as is the content to the trainees.

A day in a training session

The place is Dhaba Dungri, 20 km from Vadodara city, where there is a dormitory, a temple and a kitchen situated on a little hill. Women arrive from their villages in groups of two, three or four. Some of them bring their young children along. There is general excitement in the air. Women sing together, and invoke the blessings of the almighty.

There are two major items on the agenda previously decided collectively by facilitators (Sahayoginis) for this day's activities – to evolve a model of a child care centre, and to understand how children learn. After an introductory game, the trainer explains the event planned – Draw and Dialogue. Each member takes up drawing material and attempts to make a sketch of her village and her image of a child care facility. As women share their concepts, new ideas come through. Shanta drew a picture of children playing under a tree, while a caregiver supervises; Jayashree focussed on the mother and her relief, Rashmi on the interesting activities offered by the

caregiver. Bachi drew children inside the house in rainy weather and outdoors in sunshine. Jyotsna drew a picture of women working in the fields and their children being cared for on site. Chandan showed young girls reading and playing at the centre and one more where children of different castes come together. Each one describes vividly through her pictures her understanding of the village problems and needs. The trainees collectively reflect on what is feasible, where, how, and when and discuss anticipated barriers to making their vision a reality. Sometimes, the trainer may highlight, in her own picture, some components of MS philosophy and, in discussion, reinforce the variety and innovativeness in each woman's vision for her village.

Learning by doing

Now, after a brief break, it's role play time. Some women get together and enact scenes of their own villages, Sangha meetings, informal talks, initiation of child care centres, follow-up changes, etc. They depict how girls could go to school. The Sangha members meet the school teacher to ensure good treatment to the girls. They further assure him that now the older girls will be up-to-date in homework as they have less burden of child care. Other depictions include women coming in for a brief chat and relaxation with the child after a tiring day. There is much fun, teasing and laughter generated during these activities, which are interspersed with discussions and meal breaks.

There are a few toys and indigenous materials like puppets, rattles, boxes and so



Learning how children learn



Moving to music

on. Women pick up the materials and do some activity with them. For example, if it's a drum, they hit it, throw it, beat it, jump or dance with it. The rule of the game is that no action should be repeated. With about 30 women, the group has more than 100 ideas generated in a single session. Everyone sits together to talk about an activity one has been doing since childhood, like making roti, combing hair, etc. Each person is expected to describe how she first learnt it. The emerging discussion brings out various processes involved in learning a concept or a skill. Since the trainees themselves are involved in activities and analyses, the whole process is pleasurable and non-threatening.

Evening is the time for singing and dancing. Old favourite feminist themes are highlighted in the singing. Jyotsna and Jayashree get busy with the trainer to compose a new song about child care and the responsibilities and tasks of the Sangha and so it emerges: *Through our collective strength we can do it and show*. Songs have been a boon in training sessions.

Visits, tours and celebrations

The visit of women from one village or a cluster to other villages where child care centres function, offers an opportunity for observing the environment and identifying similarities and differences from one's own situation. Orientation to diversity in problems and solutions, and adopting appropriate features to one's situation are the two major goals served by the visits. The visitors offer an outsider's view objectively

on issues that may be complex; thus visits become mutually supportive. Renuka, a Sahayogini says:

We understand differences in our situations, but more the similarities and universalities of women's lives. Sharing gives so much pleasure and rejuvenates us. It further reinforces our achievements and self-confidence, thus motivating us to go further, discovering something new in every encounter.

Celebrations offer opportunities for self-expression, as women sing, enact plays, put up posters and placards, and communicate awareness and ideas to a larger group of people in the village. Celebrations make women and their activities visible in the village. Built into this process is organisation, management and liaisoning skills that empower women and improve their self-esteem.

Resource materials

During and after the training, the Balsakhis receive support materials that are pictorial with minimal written messages. These help in reinforcing the Balsakhi's roles and responsibilities, developmental needs of children, activities for children. They receive song books, stories and educational material, all of which are a integrated collection from the MS villages.

Cluster meetings

The Balsakhis of one cluster of villages meet on a regular monthly basis and discuss issues and problems and share concerns of

individual centres. Bringing issues in the open prompts problem solving, offers a platform for emotional catharsis, and awareness of strong moral support. In addition, it provides a platform to obtain feedback on the impediments in the organisational, administrative or policy structure and suggestions for their alteration.

Although this experience is still in the formative stage, it has the potential to develop into a sophisticated approach and model for training.

Meeting training needs from within or outside?

Training inputs in the area of child care have received greater attention in comparison to other issues in terms of time as well as coverage. The newer Sahayoginis, Sangha members and Balsakhis express a strong

need for training primarily in areas of communication, mobilisation and management, as also aspects of child development and care. The women feel a greater need for training to be imparted at Sangha level within villages or clusters as they believe that it is more convenient and also makes the process "visible" to others in the village.

The difficult choice is whether to set up a district training team from within or rely on external resource persons who fit into the MS ideology. Many Sahayoginis (about 70%) still feel the need for external resource persons. This is because the Sahayoginis have numerous responsibilities and are hard pressed for time to develop specialised skills for child care training (see Appendix 5). Is it possible to evolve clear guidelines with varied scope of work for Sahayoginis to utilise their individual time and talents ?

The training offers time and space to the worker, gives her opportunities for reflection, enhances her individual abilities, reinforces collective efforts and the resultant group wisdom as a means of solving problems.

6 THE CENTRES TODAY

In the last four years, a total of 63 child care centres have been started across the four districts of Rajkot, Sabarkantha, Banaskantha and Vadodara, of which 17 are running without any financial support from Mahila Samakhya. Vadodara district alone has 28 child care centres of which 18 centres have financial support from Mahila Samakhya, while the others are still at the developing stage, exploring various resources at local levels and awaiting funds from MS.

Table 6 **Profile of Child Care Centres**

	Rural	Tribal	Total	%
1. Centres				
with MS funding	6	12	18	64
without MS funding	6	4	10	36
Total	12	16	28	100
2. Range				
Enrolment	20-65	21-62		
Attendance	15-40	18-35		
3. Number/age of children attending				
0-1 year	70	178	248	27
1-3 years	180	216	396	44
3-6 years	155	98	253	28
Total	405	492	897	100
4. Mothers' age				
Below 21 years	15	6	21	6
21-25 years	35	71	106	32
26-30 years	118	90	208	62
Total	168	167	*335	100
5. Adult - child ratio	1:10-16	1:8-18		
6. Income range of the families (per month)				
- Mother's income	Rs. 50-500			
- Family income	Rs. 1000-1200			

* Data for remaining mothers not available.

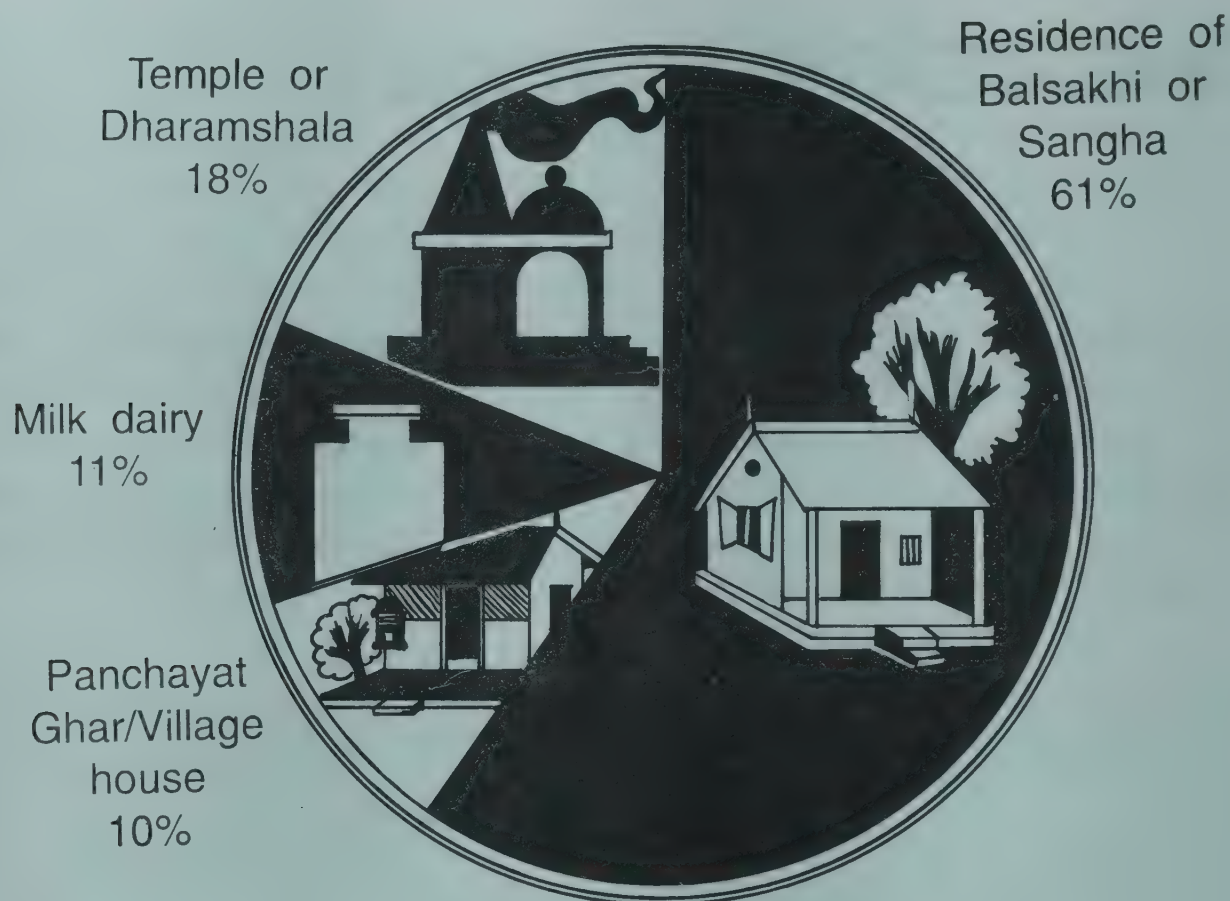


Fig.8 Where the centres are housed

Most families who send their children to the centre are agricultural labourers who use the centres full-time. Other families send their children for about two to four hours, either when they go for outdoor tasks, or as a means of stimulation. In some villages, mothers send their children to the centre full-time only on days they have employment. Therefore, average attendance is not more than 35 to 40, though some centres may have 65 children enrolled.

Where are the centres housed ?

As Fig.8 shows, the centres are housed mostly in the Balsakhi's residence. The local temple or dharamshala, the milk dairy and the panchayat office are also

used in some villages. In three villages, children are cared for simultaneously in two locations, for it is difficult for them to walk from one *falia* (cluster of houses) to another, especially during the monsoon. Some centres have made the place a little more stimulating by indigenous toys or pictures. If it is the Balsakhi's home or the milk dairy, the place is cleared up and arranged for children every day. The materials and toys are stored in boxes, in a handy way. In pleasant weather children spend much time outdoors.

For how long are they open?

Timing has been essentially flexible. Some centres run from 11:00 a.m. to 5:00 p.m.,

whereas others begin at 8:00 a.m. when mothers leave for work. The mothers return home during lunch time around 12:00 noon and pick their children up. This is the time for the Balsakhi to cope with her own household work and return to the child care centre by 2:00 pm, when children return as their mothers go back to work. Yet other centres work from 9:00 a.m. to 3:00 p.m. When needed, the mother has the option of leaving her child with the Balsakhis earlier or later but it has to be accepted by the Sangha. Most Sanghas decide to keep the centres open for longer hours during the monsoon (July /August to October/November), a peak season for agricultural work. During summer, a low season, centres are kept open from 8:00 a.m. to 2:00 p.m., varying with women's needs, and as decided by the Sangha. (Fig.9)

Centres are generally closed on Sundays, and during festivals and community events, though a few stay open on Sundays (about 15%). Special occasions and national festivals are celebrated with the children in almost all centres.

Supplementary nutrition

There is a firm belief among Sangha members that food should not become the major source of attraction for children. Sanghas have emerged with alternative sources as described in Fig.10. This has been a very difficult task in view of the limited resources. A Sangha narrates its experience:

Our Sangha found dry, ready-to-eat snacks convenient; the bulk that "murmura channa" (puffed rice with roasted Bengal gram) offered appealed to children. But, soon

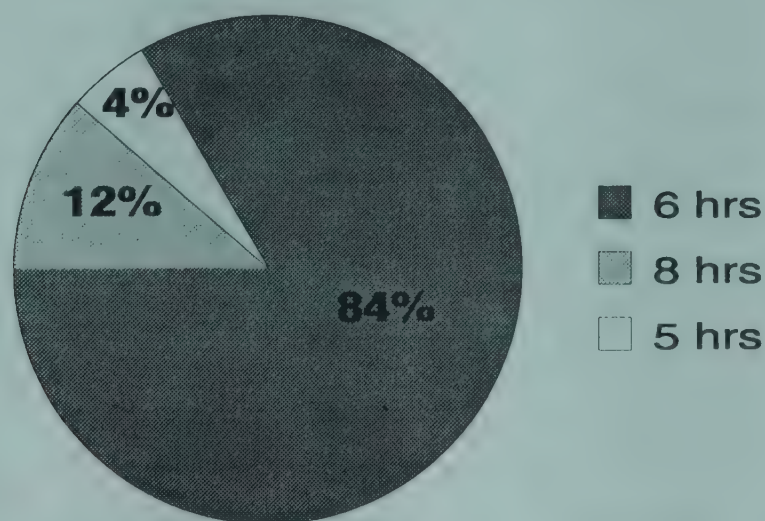


Fig.9 Working hours of the centres

Extended time during peak working season in 40% of the centres

enough, we realised that children do get hungry quickly, especially the little ones, and this is not what they eat at home. So we discussed with Sahayoginis and DRPs and identified common foods eaten in the village that are not too costly. The list included bajra, makai, channa, moong, poha, jaggery and seasonal vegetables grown on our own land or nearby. We then worked out simple, easily cooked recipes.

We decide when to feed children, based on mothers' work schedules, and centre timings. For example, if the mother leaves at 10:00 a.m. and returns at 5:00 p.m., children eat their meal at home before coming. They either eat the anganwadi food or tiffin in the afternoon and our meal is served after 4.00 p.m. Children bring tiffin in some centres when they do not go home to eat. We know that the quantity is not enough, but we have to manage until we find other resources. What is good is that all members help out and share difficulties.

The programme for children

Children in the villages of Gujarat are integrated into the everyday routine of adults. As parents get busy with their work, children either loiter around, play or help in small tasks. They go to the fields, the pond or the grocer. When parents do not have the choice of spending more time or resources on their children, they grow up with minimal care and attention. The open and non-restrictive environment does offer opportunities for learning by exploration and observation. Parents are often concerned

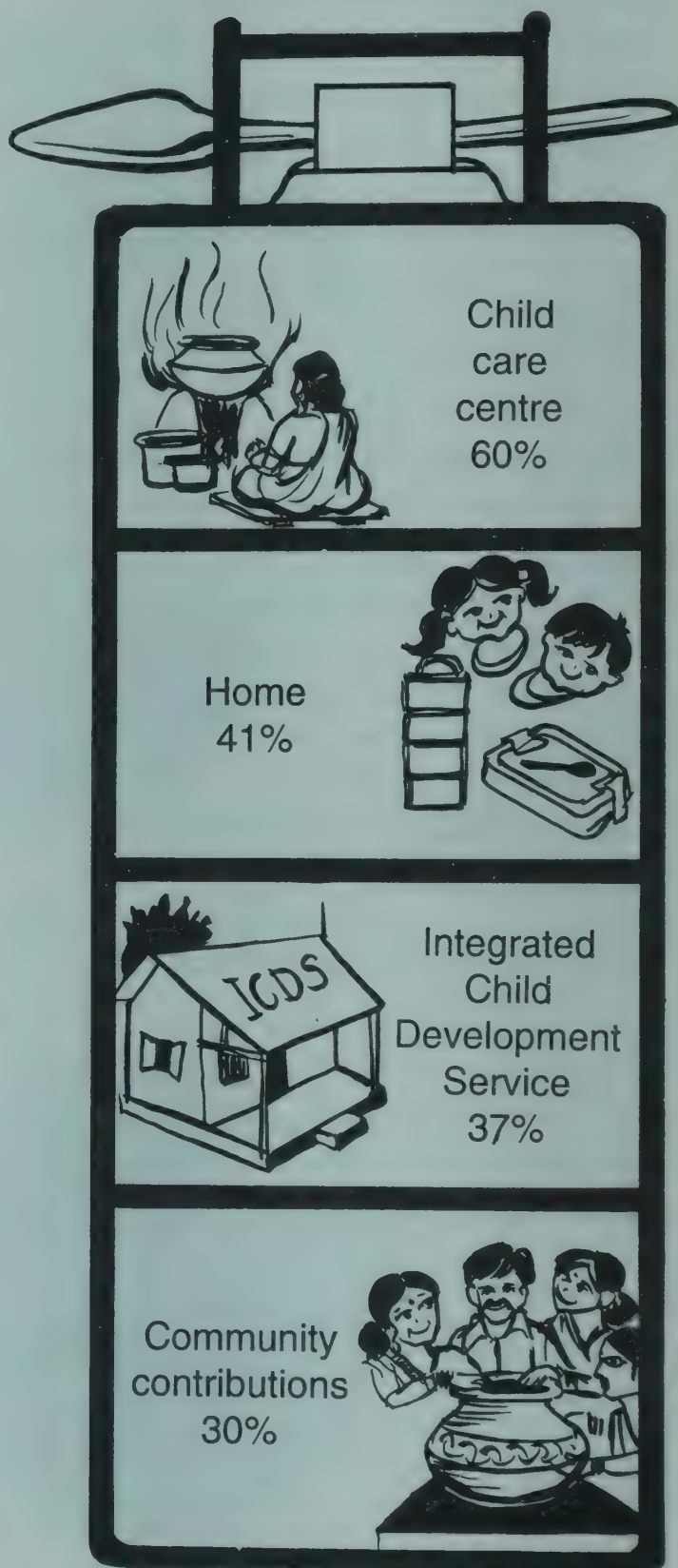


Fig.10 Source of meals

* Percentages total to more than 100 as most centres have more than one source.



Opportunities for physical development

about their children not doing well in school or going astray. As such, it is quite natural for the Sanghas to want that their children should have a safe, clean, nurturing environment with some opportunities to learn. Thus, in most cases, the activities in the child care centres have emerged spontaneously, from natural concern and commitment. The older children take the lead to organise activities and games for the younger ones. Balsakhis have received training inputs that give them several ideas for planning activities for children.

A Balsakhi's day in the centre

I begin my day after some preliminary household work. Children start dropping in at the centre as the mothers go to work, or elders take the cattle for grazing. Some children are clean, others need to be cleaned, as the

mothers were in a hurry. Often, I have to comfort a crying child when receiving another. When all the children arrive, we sing a prayer and "Dhun" (bhajan). The children then play games in groups. We sing songs, or tell stories. The centre has some wooden and clay toys, others are plastic. It is a little hard to make the children share the toys, but we have to manage with what we have. One of us introduces counting and writing or alphabets to older children. The others either listen or play on their own.

My village has an anganwadi. Children eat at home in the morning and in the afternoon at the anganwadi. We provide our snack in the late afternoon. Parents and Sangha women drop in on a regular basis, sometimes to help us, sometimes to look at how we are doing. We need more training to make our centre better!

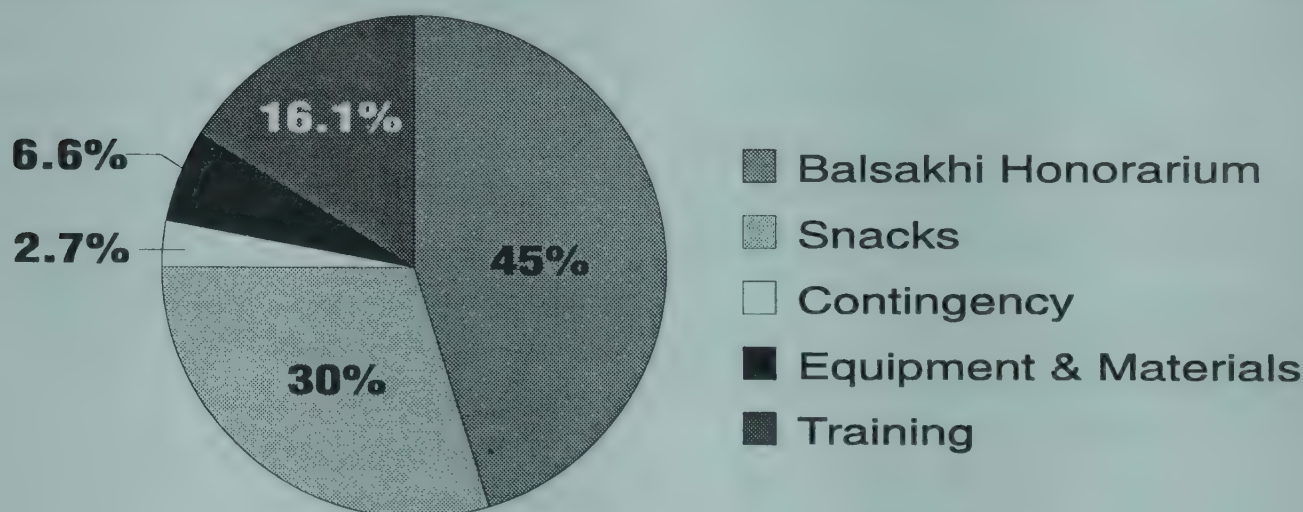
7 THE FINANCIAL PICTURE

The three interlinked issues of child care - costs, quality and goals - have merited much discussion within MS. However, the priority accorded to evolving clarity in goals and finding solutions to problems has varied. As a result, some issues continue to plague the child care activity, despite efforts to find creative solutions. A central concern in the first two years of operation of the child care component (1991-93) had been on the priority to be accorded to the goal of women's empowerment vs. meeting children's multiple needs. After much discussion at several forums, there is now a consensus on the

centrality of focus, i.e., creation of women friendly child care support that leads to women's empowerment. However, there is also agreement that the quality of the programme determines its utilisation as well as the benefits.

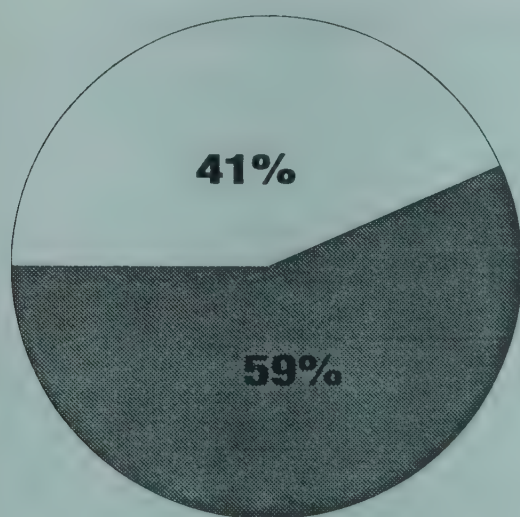
Programme costs

Figure 11 reveals the pattern of expenditure of every rupee allocated to child care. This shows certain positive features of the programme, such as minimal establishment costs due to the high level of community



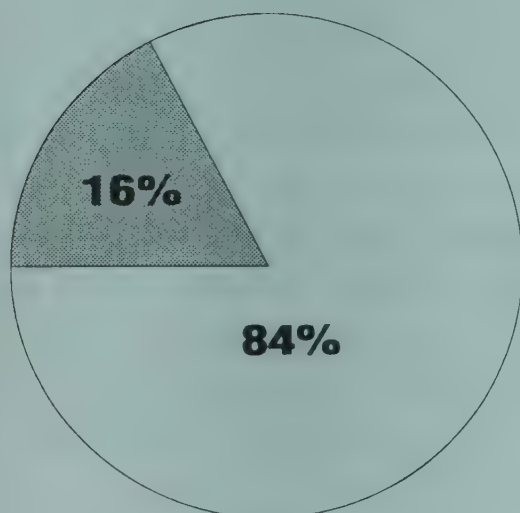
No. of children covered : 520 (approx.)
Cost per child : Rs. 429.50 per year/Rs. 35.30 per month

Fig.11 Pattern of expenditure on child care [1994-95]



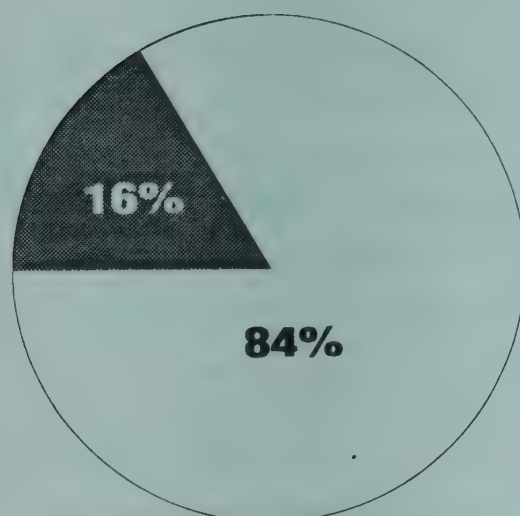
a. Total Expenditure : Rs. 22,67,330

□ Administration
■ Functional



b. Functional Expenditure : Rs. 13,41,775

■ Child Care
□ Other



c. Child care expenditure : Rs. 2,20,149

□ Operational
■ Training

Fig.12 Pattern of expenditure of MS Vadodara 1994-1995

involvement. Experiences of some other agencies show that much more is required for a good quality full-time centre. An amount of Rs. 36 per month per child in the MS programme is too low, despite some costs being met by the community. Hence, the Balsakhis' honorarium and provision for snacks form major part of the expenditure.

Figs. 12a, b, c throw light on the pattern of expenditure in MS Vadodara. At first sight, the high administrative costs attract attention. An innovative programme that focuses on development of human potential and social change processes does call for high administrative costs, at least in the initial stages. However, the hidden benefits are in the development of human power and mobilisation of other resources that would contribute to programme costs at a future time. In addition, some part of the cost of personnel which is included in administrative cost gets distributed into the functional cost across various components, one of which is child care.

Child care costs form about one-sixth of the total functional cost which gives a clue to the priority accorded to it and time available from MS functionaries. Of this, one-sixth again is spent on training, which is an extremely important part of the MS programme.

A point to be noted is that some part of the cost of training – for resource materials such as books and journals, musical instruments, and so on, utilised by child care centres – is drawn from other funds earmarked

for Sanghas. Further, the State probably expects MS to play the role of watch dog and promote better utilisation of other available services by networking at local levels.

Differing perceptions

What strikes an observer most is the inappropriate and inadequate funds allocated for child care in an innovative and process-oriented programme of this nature. The answer would probably lie in the insufficient attention paid to the programmatic components in the planning of MS. While adequate attention has been given to the philosophy, non-negotiable principles and women-centred processes, the grant for support services (in this case, child care) has been directly adopted from the Central Social Welfare Board (CSWB) pattern for running creches. (Table 7) This was possibly decided on an ad hoc basis when the programme was being conceived in 1987-88.

It is noteworthy that the CSWB pattern has been changed subsequently in view of increased costs of living, but MS has not been able to do the same. Nor has MS yet come to terms with the financial implications of actualising a woman-friendly child care support system.

Though MS is considered an autonomous body, channelisation of funds through Government leads to circumstances that create hierarchical structures contrary to the programme ideology. Often problems are perceived differently at the grass roots level and the State level. Initiative was taken at the

Table 7 Grant available for child care centre (unit of 25 children)

1. Honorarium for two full-time child care workers (Rs 500/month)	Rs. 6000/-
2. Educational materials/toys/ supplementary nutrition @ 65 p/child/day	Rs. 5076/-
3. Contingencies (Rs. 40/month)	Rs. 480/-
4. Weekly visits by doctor/ medicines (Rs. 150/month)	Rs. 1800/-
5. Training stipend (Rs 350/month)	Rs. 4200/-
Total recurring budget available	Rs. 17,556/-
6. Non-recurring grant for a period of 5 years.	Rs. 4000/-

Sangha level to convert the budget meant for supplementary nutrition for the children to provision for education toys, but a directive from the top reconverted it. The goals of the child care centres change as Sanghas grow and are empowered to think critically. Their immediate need is for visibility, power, and need for control over available resources.

Many recommendations have been made to the MS Executive Council to alter the financial structure for child care. Budget provisions based on per capita expenditure per child at the rate of Rs. 150/per child/per month have been sought. Even after nearly three years of follow up, actual changes are yet to come through.

Pattern of utilisation

Equally striking is the different story emerging from actual expenditure patterns (Fig.13a, b). It appears that even the available

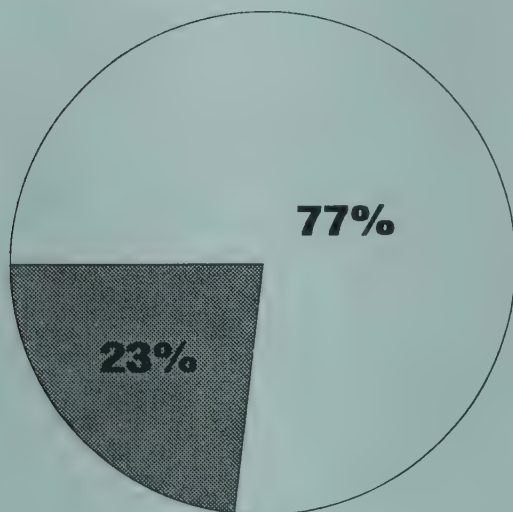
funds are underutilised. One of the reasons for this may be the lack of flexibility in the grant pattern. The unused expenditure for doctors and medicines in view of linkage with local PHCs cannot, for example, be diverted to other expenditures. Further, neither the non-recurring grant nor lapsed expenditure in training can be used to meet per capita child expenditure, when there are more than 25 children per centre (which is a reality in more than 50% of centres).

Sahayoginis speak

– *MS needs to increase the money for snacks; it should be based on the number of children, and not a fixed amount per centre.*

– *Balsakhi's honorarium should be increased. Should we not give at least minimum wages?*

– *Accounting procedures are difficult, especially for women with little literacy.*

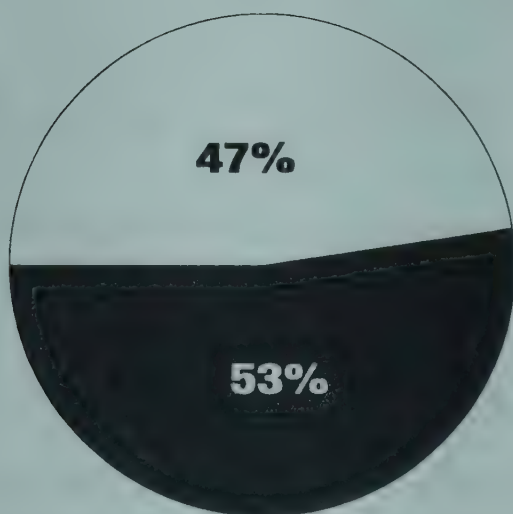


a. Child care centres

□ Availed of

■ Lapsed

*Total funds available
per child care centre : Rs. 13,336*



b. Training

□ Utilised

■ Not utilised

*Total funds
available for training : Rs. 75,600*

Fig.13 Pattern of utilisation of funds 1994-1995

– *Sanghas that carry responsibilities should have the freedom to decide what they want and how they want it.*

– *At the policy level, the pattern of child care grants should become more flexible, so that the motivation for action is sustained.*

– *We and the Sanghas need more training and inputs from specialists in selected areas, especially in view of decentralisation.*

Sources of funds and sustainability

The MS programme obtains its funds from the Netherlands Government under the bilateral aid programme channelled through the Government of India and the State Education Department. At present, the grant is available up to the year 1997 and it is expected that it may be continued for five more years. Since the major focus has been on mobilisation of a “process”, and funds have been viewed as a means to the same, energies have been diverted towards that end, with few inputs into the thought of sustainability. Much discussion on this issue has been taking place at different levels. At present, funds for child care within MS amount to a meagre Rs. 36 per child/per month (excluding medical cost), for meeting recurring expenditures. Additional sources

are in the form of community contributions for nutrition (in 30-50% of centres), free premises (in 100% centres), free labour of Balsakhi (who either works for a small honorarium or on a voluntary basis until funds are disbursed) and Sangha members, and some equipment or materials to the centre such as musical instruments, dhurries, toys, utensils, etc. These resources are highly inadequate. Liaisoning with existing public health services and the ICDS or a local NGO has been an ongoing activity, but ineffective to fulfil the many emerging needs.

Thinking, planning and action for sustainability is of recent origin in MS with reference to child care. The options are:

- approaching religious bodies at the village level and panchayats for funds
- utilising money available with savings groups
- increasing MS funds for child care
- increasing Sanghas’ contributions and the nominal fee charged per child

At the taluka, State and district levels, the authorities have been approached for additional funding possibilities. Systematic action has yet to be planned to mobilise non-government funds for the programme.

The quality of the programme determines its utilisation as well as the benefits.

8 CHANGING LIVES

Sahayoginis and Sangha members express a sense of tremendous satisfaction at this juncture, despite all the problems that are constantly encountered. It has been a challenge to evaluate the intangible and indirect effects in the absence of any systematic records or research inputs. Focussed group discussions with Sanghas, Balsakhis and Sahayoginis helped to reflect on outcomes in individual women's lives and on the village community. Further, the periodic discussions in Sahayogini meetings evaluated the general progress towards MS goals (Appendix 6). Analyses of Sahayogini reports gave further clues to successes and failures.

Have women's lives changed in any way?

The answer to this is a definite "Yes" by women at all levels. Most visible is the increase in their self-confidence and pride in acquiring new skills. Fig.14 illustrates this.

Sahayoginis talk about the time and space offered to them by the child care facility:

— After the establishment of the child care centre, a mother could go for work without tension, relieved of one of her major responsibilities. In between she can come to feed her child. She is also able to devote two to three hours for meetings which she earlier could not because of her tension and anxiety.

— Previously, only mothers-in-law came to the centre. Now the daughters-in-law have got an opportunity to come out of their homes because their children are in the centre. So the centre has become a place where they can discuss their problems in the open and find solutions.

— Women now have a place and the company of other women to share problems with and also to relax with.

— In my village, women leave even 8 or 10-day old infants in the centre and go out for a while. The mental stress on the mother is less, because she can work, earn and attend to other family responsibilities.

— In Ganpatpura village, a Harijan woman was chosen as the Balsakhi as she was educated. She was accepted by others and even performed the "pooja" for the centre.

— In Sadad village, we have been able to reach the poor and needy, thus increasing their women's status as they take part in management and decision making.

The Sangha members say:

— Our family income has increased. One person could earn only about Rs. 300 a month, even taking up employment on all available days. Now, two of us, either mother and daughter or mother-in-law and



Fig.14 Changes in women's lives in villages with child care

Note : Percentages indicate the presence of the phenomenon in the villages as reported by functionaries and Sanghas.

daughter-in-law, can go to work and so earn Rs.600.

– Though we do not go to work, we have indirect economic benefits. We either go to our fields to help or go out to collect more fuel for the whole month (otherwise we have to spend Rs. 150 on kerosene).

– How can we learn if we sit at home? This is the best thing that has happened to us. In setting up the centre and running it, we have found time and space for ourselves and understood the process of fighting for our rights.

– I used to be so irritated and scold and beat my children as they disturbed all my activities. But now I have peace of mind, so I spend some pleasant time with them.

– We don't fall sick so often nor do our children, because we have less physical and mental stress.

– We feel most happy and proud about the centre we have created - it is the pride

of our village and we were one of the first to do it. Everyone in the community consults us on important matters.

Have children's and girls' live changed?

From Fig.15 it is evident that in about 70% of the villages more girls went to school, and in 40% of the villages women perceived that their children's enthusiasm, adjustment, school performance and language skills improved. There is no doubt that the time of child caregivers has been released for other activities.

There has been no systematic study nor is comparative data yet available to understand changes in children's lives. In the perception of Sangha members, Sahayoginis and Balsakhis, these changes are due to the processes involved in setting up child care. Their varied observations provide definite clues to the changes taking place in the lives around them.

Balsakhi Chandamaa narrates her story

Chandamaa is what children call me fondly. Sangeeta, a young girl, assists me in running the centre. Even housewives and grandmothers, who were caring for their children themselves, now send them to the centre. We did not have a place. So the Sangha took the initiative to procure permission to use the milk cooperative and we feel proud that we have made things work. I am very confident and tackle men's questions. They often ask, "What can you widowed women do?" I tell them we are much better than others. I feel so happy when I am with children. My home is taken care of by my son and daughter-in-law and so I have nothing much to do there. Here I experience the space and opportunities to be useful. As of now, both of us Balsakhis are working on a voluntary basis. The Sangha collected money and paid us once. Now we are mobilising resources. I am now recognised for the important contribution I make to my community. My family now respects and supports me.

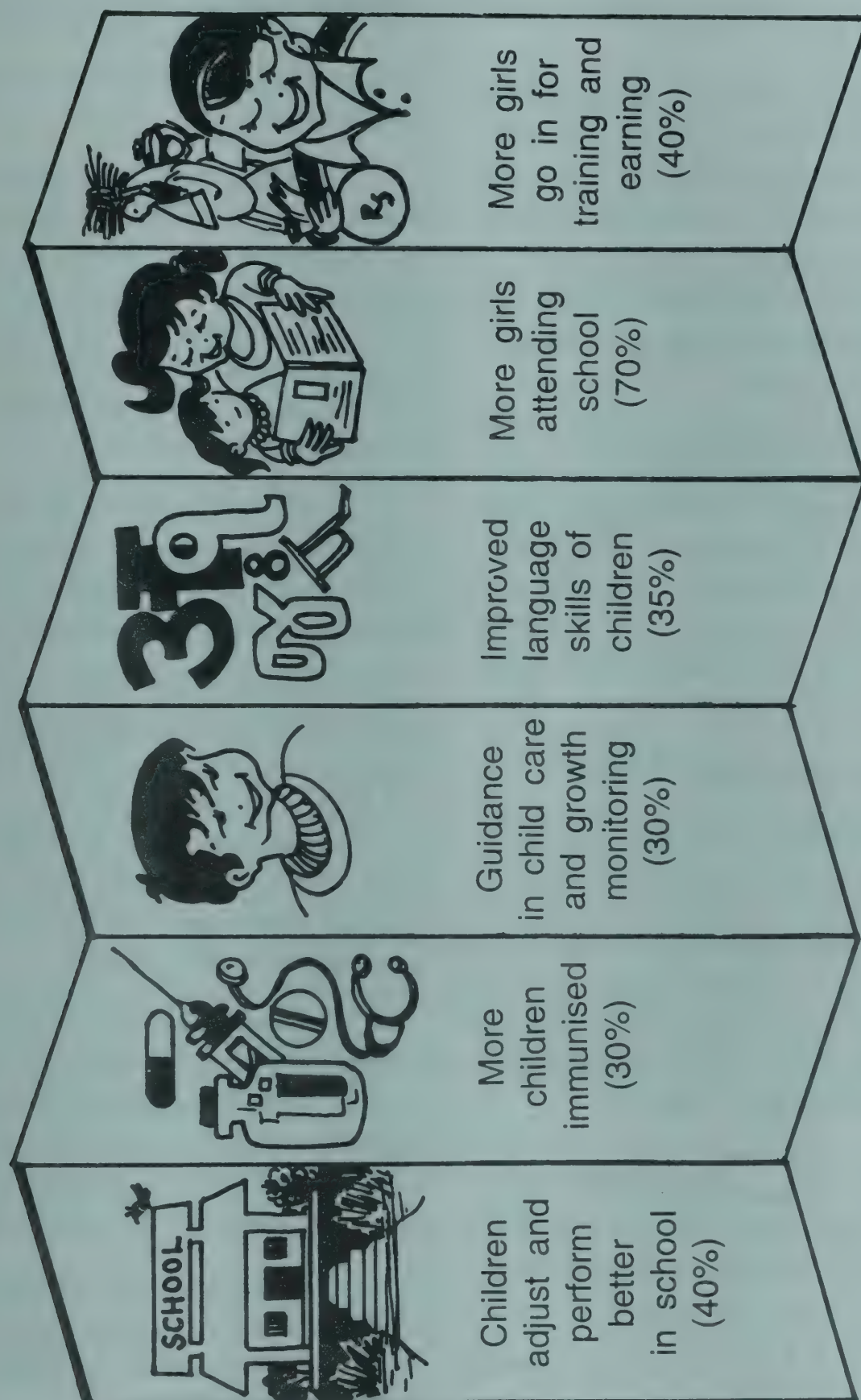


Fig.15 Changes in children's lives in villages with child care
 Note : Percentages indicate the presence of the phenomenon in the villages
 as reported by functionaries and Sanghas.

Sahayoginis and Sangha members state their views :

– *Our children were very shy and did not speak much. Now they have become intelligent and smart, are more confident and enjoy school better. They even get good marks.*

– *Our children's health is better as mothers are more aware, immunisations are more regular, and they are no more exposed to stresses of weather.*

– *In Timbi village, eleven girls were enrolled in school this year. Girls also attended school more regularly. Older children from the child care centre were enrolled into school. Thirteen year old Balsakhi Leela feels that she is learning so much and also contributing to the family purse. Her sister is free to go to work and so the family is better off.*

How has the community changed?

The Sanghas, Sahayoginis and DRPs share a strong feeling that the work of MS with specific reference to child care has brought about increased interaction in the community, especially among women, offered visibility to Sanghas' activities, and brought about better linkages in community services. The women vocalise:

– *The child care centre has become the place for everyone to meet. Visitors from voluntary agencies, health workers, and NGOs come to visit. Even the postal service drops and picks up mail from here.*

– *Only a few women were coming to Sangha meetings in the beginning,*

whereas now all mothers whose children are in the centre take interest in the Sangha's activities. They look forward to going out and learning more.

– *In our village, mothers from lower castes cautioned their children against touching food or water or eating with other children. Gradually, upper and lower caste children and mothers have mingled with each other. Now, Harijan women send their children without hesitation. It is a great achievement.*

– *All key persons in the village help us in setting up the centre, including the Sarpanch in some villages. Now they know our activities will improve things.*

– *Now in many villages child care is being viewed as a major support for families. We have been able to successfully involve men and fathers in assisting us. They bring fuel for the centre, sometimes run errands, fix up lights, attend to repairs, and, moreover, convince other men to permit their wives' participation in MS activities.*

– *In our village, they send the Sangha women to speak to outsiders, be it the police or other government people. People realise we can encounter hurdles and solve problems. It is good to know we can help, but we have to be careful we are not exploited.*

Most evident is the expression of faith in themselves for bringing about change in their own lives as against expecting only "fate" to change the situation.

9 LOOKING BACK

The setting up of a community-based child care centre is a long-drawn-out process that requires continuous support and monitoring. Often when the Sangha is mobilised, ready to take up responsibility, and has made decisions, there emerges some other matter that needs the urgent attention of every one concerned. The child care issue gets sidetracked. Sometimes, the ideology contradicts the action on the field. One wrong move can undo many previous achievements. On revival, the process again needs special additional inputs. Some achievements and weaknesses are enumerated below.

Achievements

- Concept of flexibility has reached the grass-root level
- Child care model supports women and girls
- Programmes initiated and sustained with little or no supervisory inputs
- Trained womanpower available in villages, with capacity for working towards sustaining the centre and women-related issues
- Successful effort to refrain from target orientation and retain importance of processes

Weaknesses

- Quality needs much improvement
- Inability to actualise child-centred approach in the field
- Increased responsibility for child care worker in places where Sanghas/committees do not participate fully
- Inability to influence policy in a strong way or bring about changes in financial structure despite many recommendations

Decentralisation

There is general satisfaction about learning through decentralisation. Evidence for this is seen in varied reflections:

- *Our centre belongs to us and is not a government programme.*
- *I would prefer to be a Balsakhi than an anganwadi worker as this has internal control.*
- *We can collectively change things as we wish to our convenience. Nobody dictates terms to us, we have decision-making power.*
- *The child care centre is the pride of our village.*

– *Nobody in the village condemns our meetings any more because they have seen the results.*

There is no doubt that the approach to evolving the support and decision making is a fully decentralised process. But can one claim this to be “decentralisation of power” when Sanghas and functionaries have not been able to exercise control in altering finances, which is the most crucial part for the success of any programme? When one is not able to draw money from resources available, is it justifiable to ask for greater contributions from families who find it hard to meet their own survival needs?

Opportunities

Child care, a collective dream of many, though an extremely small venture, has received strong support from women at the grass-root level. 60% of mothers availing the service are in the age range of 18 to 24 years, and 90% are less than 30 years old. Hence, this group is a potential force for working towards health, fertility, educational and economic issues that are the major domains for altering women’s status. Child care further offers scope for seeking continuous participation as (i) the women who use the facility keep changing over time, and (ii) it is a long way to go before the goals and

linkages are actualised and, therefore, women’s motivation can be kept alive through sustained efforts.

The opportunities for carrying the programme forward and working towards sustainability are many:

- Establishing liaison between Sanghas and resources
- Working towards change in State/Central policy
- Promoting the concept of child care as a family and community responsibility
- Ensuring child care support as a prerogative of the family, particularly women

Utilisation of these opportunities calls for many alterations in the structure and organisation of MS at Vadodara. Issues like turnover of staff, re-clarification of philosophy and goals, prioritisation of activities, optimal utilisation of functionaries’ time and energy, and training need more attention.

Replicability of such a scheme is linked to several issues, since the administrative and overhead costs are high. But it is hoped that what is now a “planned movement” towards social change will take on much deeper roots and truly become a “people’s movement”.

Health, fertility, educational and economic issues are the major domains for altering women’s status.

Appendix 1

MAHILA SAMAKHYA, GUJARAT

The National Policy on Education (NPE) 1986 recognises socio-economic and cultural situations as mainly responsible for low levels of literacy and education among women. A landmark in the field of women's education, it lays "special emphasis on removal of disparities and to equalise educational opportunities by attending to the specific needs of women." In July 1987, Government of India (GOI) formulated a pilot project – Mahila Samakhya – to translate NPE into action. Ten districts of Gujarat, Karnataka and Uttar Pradesh were selected. The Mahila Samakhya (MS) project was approved by GOI in September 1988 and an Indo-Dutch agreement for funding was signed in July 1989.

Mahila Samakhya Gujarat (MSG) was registered as an autonomous body in April 1989 under the Societies' Registration Act, 1861. The programme was initiated in three districts of Gujarat – Rajkot, Sabarkantha, Vadodara – with the help of voluntary agencies active in those areas. The District Implementation Units (DIUs) started functioning in full swing by 1990 at Rajkot, Himmatnagar and Vadodara. The programme has gradually been expanded to Banaskantha district since June 1994, with its DIU at Radhanpur.

Background

The Mahila Samakhya programme is unusual and unique in its approach towards women's education. It aims to mobilise and empower rural women within a clearly worked out ideological framework. The programme is process oriented and there are inbuilt flexibilities. It is designed to expand gradually, seeking guidances not from targets, but from certain inviolable principles which are kept in mind at all stages of implementation. The programme is need-based and the components of the project are designed to facilitate collective reflection/action and expand opportunities for basic education in rural areas. The functionaries play the role of facilitators.

Objectives

The Mahila Samakhya programme is designed on the understanding that collective reflection and decision making can help women to become empowered and bring about social change. It presupposes that education can be a decisive intervention towards women's equality. The overall goal is to create circumstances to enable women to better understand their predicament and move towards a situation where they can determine their own lives and influence their environment.

Approach

Today at MSG, thousands of Sangha women spread in 475 villages gather to discuss many aspects of their lives and explore, perhaps for the first time, their collective strength. They prioritise, as per their requirements, issues of wages, ration cards, water, transportation, electricity, health services, literacy, child care, personal yet social problems like violence against women, economic infrastructure in the villages, and so on. They seek solutions and evolve strategies. They make mistakes and learn from their mistakes. The processes lead to increasing awareness and public participation.

Components

In June 1992, the Executive Committee of MS, Gujarat consolidated past experiences and directed the Sangha-level process in six broad areas:

Literacy

Literacy is providing women local support to learn to read and write at their time, place and pace besides opportunities to explore their potential and "new learning". MSG has also created linkages with the government's Total Literacy Campaign.

Child Care

MSG reduces the multiple burden of girls and women and releases time for women to pursue education and employment opportunities by establishing child care centres. These are initially voluntarily run by Mahila Sanghas which receive grants from MSG.

Economic development

Here, Mahila Samakhya plays the role of a facilitator and not of implementer. The attempt is to make necessary linkages so that Sangha women can control and access economic opportunities on their own.

Health

In the area of health, women question availability of health services, regularity of visits of nurses and other health functionaries, lack of health education, inadequate health facilities at primary health centres, etc. There have been midwife trainings, health awareness camps, and check-ups in child care centres using linkages with other agencies.

Legal Aid

There have been cases taken up by Sanghas on their own, cases where MSG has tried to link up other agencies, cases where individual women directly resorted to police help. MSG talks to women about the culture of silence and hidden violence within the four walls of their homes.

Mahila Kutir

Mahila Kutir is a very real “space” which provides physical room for women to hold meetings and talk about themselves. The free revenue land for kutir construction is obtained from government. The Sangha women, after much internal and external struggle, concretise their dream of their own space.

Training

Training is a critical input which is viewed as a continuous, participatory, experiential learning process. It imparts new sets of values and attitudes and certain essential skills. The basic philosophy of training is to develop the critical and analytical capabilities of the participants. Training is a ‘learning’ which may be in any form such as reviews, exposure visits or celebrations.

Structure

At the grass-root level, women’s collectives called Mahila Sanghas constitute the basic nuclei of the collective reflection/action envisaged by Mahila Samakhya. The link between village Sanghas and District Implementation Units (DIU) is through the Sahayogini who is an honorary worker for 10 village sanghas.

Sakhis are Sangha women, selected by Sanghas themselves, who undergo extensive training for one year. A new batch of Sakhis is selected once the old group completes the training; the long-term objective being the creation of a group of trained and empowered women at the village level. Sakhis receives stipends.

The State Programme Director’s office is at Ahmedabad. District level implementation is done through DIUs. At the State level, the General Council and Executive Committee and at the District level, the District Resource Group provides guidance and support to the programme. The Executive Committee is chaired by the State Education Secretary and it is empowered to take decisions on administrative and financial matters.

Appendix 2

REASONS FOR SCHOOL DROP-OUT (GIRLS)

Reasons for non-schooling	Rural	Tribal	Total
* For taking care of younger siblings	6	6	12
* For helping in household activities	15	16	31
* For going out to earn	9	26	35
* For taking cattle for grazing	8	4	12
* Family did not send them for education	13	7	20
* They were keeping unwell and hence dropped out of school	2	-	2
* Their friends were not going for further education	2	-	2
* Physically handicapped, hence unable to go to school	1	-	1
Total	56	59	115

Appendix 3

CHILD CARE AND WOMEN'S EMPLOYMENT

Category	"Child Care" stated as a constraint		
	Rural	Tribal	Total
Mothers	27	39	66
Caretakers	9	6	15
Fathers	6	3	9
Total	42	48	90

Appendix 4

TRAINING FOR CHILD CARE

A. Contents of the Training Module

Introduction

- Objectives
- Description of the module and guidelines for its use
- Planning training schedules
- Strategies for training : tips for trainers
- Support materials
- Achieving successful motivation in trainees
- Towards effective communication

Training programme for child care : a broad conceptual outline

Orientation to need assessment

- Verifying interests
- Village profile
- Gathering information; what and why
- Interview techniques
- Focus group discussion

Orientation to situational analysis

- Individual discussions
- Assessment of child care needs

Orientation to possible child care models

- Images of child care centre through drawing pictures
- Orientation to available child care models
- Films and discussions
- Talks and discussions about child care experiences
- Visit to a child care centre

Training village level committees for operationalising child care facility

- Finding is needed
- The broken square

- Four corners
- Role play; ideal child care centre
- Roles and responsibilities of committee and Balsakhis

Problems in Management

- Problem/resource analysis
- Discussions on problem issues, examples
- Issue of nasta
- Payment to Balsakhi
- Premises

Orientation to children's developmental needs and process of learning

- Understanding developmental characteristics and needs of children
- Role play
- Discussion of characteristics, needs and modes of stimulation

Khel Khel Me Sikhe (Play as a means of learning)

- Playing selected games and analysing them
- Play with sand, water and clay
- Classification of games and activities into clusters

Orientation to songs, stories and dramatisation

- Animal walk and talk
- Picture conversation
- Other techniques of conversation
- Story telling
- Singing and song pool

Indigenous play materials - preparation and use

- Display of indigenous play materials and their creative use
- Preparation of play materials

Programme planning

- The need for programming
- Planning a programme for children
- Maintaining attendance record

B. Personnel Trained 1991-94

Type of training	DIU	Sahayoginis	Sakhi	Balsakhi	Sangh	Total
A. ORIENTATION TO MS						
1. Sakhis orientation (5 days) Sahayoginis orientation (5 days)	1	33	425	—	—	459
2. Sakhi reflection Sahayogini reflection	—	26	152	—	—	178
3. Evaluation and monitoring documentation and training	1	24	—	—	—	25
4. Preparation for fieldwork	4	9	—	—	—	13
5. Criteria for personnel selection	—	9	—	—	—	9
6. Empowerment training	—	4	—	—	—	4
7. Gender workshop	2	—	—	—	—	2
8. Women's Day Celebrations						4000+ per year
B. HEALTH						
1. Yuvti shibir	—	6	—	—	50	56
2. Health workshop for girls	—	—	—	—	29	29
3. Health issues	—	6	8	—	—	14
4. Dai training	1	1	—	—	7	9
5. Health TOT	—	3	—	—	—	3
C. LITERACY						
1. Sensitisation (cultural programme)	—	—	—	—	683	683
2. Literacy TOT	4	8	—	—	—	12
3. Adult Education	—	5	—	—	—	5
D. NURSERY						
1. Reflection	—	14	Ongoing where activity taken up	—	Ongoing where activity taken up	14
2. Meetings	1	5		—		6

Type of training	DIU	Sahayoginis	Sakhi	Balsakhi	Sangh	Total
E. LEGAL ISSUES						
1. Legal workshop	Break up not available					42
F. THEATRE						
1. Poster making, communication and mass media in TLC	1	15	—	—	—	16
G. CHILD CARE						
1. Problem management	—	7	—	44	23	74
2. Developmental care I	—	2	—	51	20	73
3. Conceptualisation	6	8	—	18	23	55
4. Mobilisation on field	—	6	—	10	11	31
5. Balsakhi reflection	—	—	—	27	—	27
6. Developmental care II	2	2	—	15	—	19
7. Monitoring	—	13	—	—	—	13
8. Need assessment	2	7	—	—	—	9
9. TOT	2	7	—	—	—	9

* TOT - Training of trainers

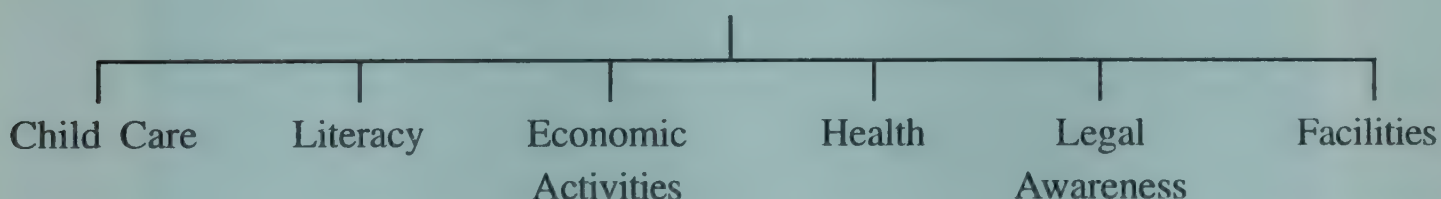
* TLC - Total Literacy Camp

Appendix 5

JOB RESPONSIBILITIES OF SAHAYOGINIS

1. Attending and conducting training sessions
 2. Initiation of processes at village
 3. Monitoring of programmes and processes at each level
 4. Liaisoning work and responsibilities
 5. Selection of personnel at grass-root levels
 6. Upgrading skills for self-development
 7. Reporting and documentation
 8. Routine administration such as planning, accounting and financial transactions
-

Areas of work of Sahayoginis



Appendix 6

CHANGE IN PROCESSES OF CHILD CARE

Years 1 & 2	Years 3 & 4	Years 5 & 6
<ol style="list-style-type: none"> 1. Child care centres viewed as an activity to be initiated by facilitators 2. Understanding of links between women's issues and child care rather weak. 3. Major responsibility of process monitoring with DIUs and Resource Persons. 4. Complete funding for child care provided by MS with DRPs taking major role in decision making. 	<ol style="list-style-type: none"> 1. Child care situation clearly understood as an emerging need in selected areas. 2. Emerging understanding of links based on situation analysis and awareness, especially in Sahayoginis. 3. Training for process monitoring and clearer understanding of processes by Sahayoginis. 4. Funding for child care provided by MS but through Sanghas and linked to their learning and level of readiness. 	<ol style="list-style-type: none"> 1. Child care emerging as a demand of the Sanghas. 2. Clear understanding translated to some extent even at grass roots - the Sanghas. 3. Process monitoring and evaluation beginning to be taken up by Sanghas, committees and Sahayoginis completely. 4. Child care centres emerging through community efforts. Some centres operational without financial assistance from MS.

Years 1 & 2	Years 3 & 4	Years 5 & 6
<p>5. Almost no criteria or only ad hoc criteria for assessing Sangha's readiness for child care activity.</p> <p>6. None of the Balsakhis were girls.</p> <p>7. No involvement of men (exclusively women forums).</p> <p>8. Sustainability issue not considered.</p>	<p>5. Clear criteria for assessing readiness evolved with support of DIU and external resource persons.</p> <p>6. Efforts made to choose girls as a means for encouraging their potential.</p> <p>7. Involvement of men only as sources of information, or in a specific activity (especially husbands of functionaries).</p> <p>8. Emergence of issues of sustainability across discussions in various forums and suggestions at DIU and Sahayoginis' levels.</p>	<p>5. Clear criteria and indicators for Sangha readiness evolved by participating women.</p> <p>6. More and more girls chosen as Balsakhis.</p> <p>7. Emerging view of child care as a societal issue with strong involvement of men as partners.</p> <p>8. Sustainability given much importance, with several ongoing activities.</p>

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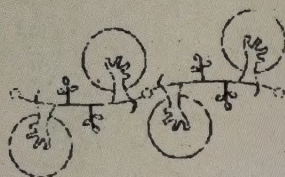
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The SURAKSHA series documents innovative programmes of Early Childhood Care and Education in India, especially those which address the intersecting needs of women, young children and girls. Carefully researched and written by scholars in the field, each study looks in depth at one programme, highlighting its achievements, philosophy and goals. The series as a whole represents the rich diversity of experience within the country, with a range in terms of geography, auspices and organisational pattern. Scholars and students of Child Development and child welfare would find the series an invaluable source of information, as would policy makers, voluntary agencies and others concerned with programming for women's and children's development.



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